# COUNTY BOROUGH OF EASTBOURNE

# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1968

ON THE

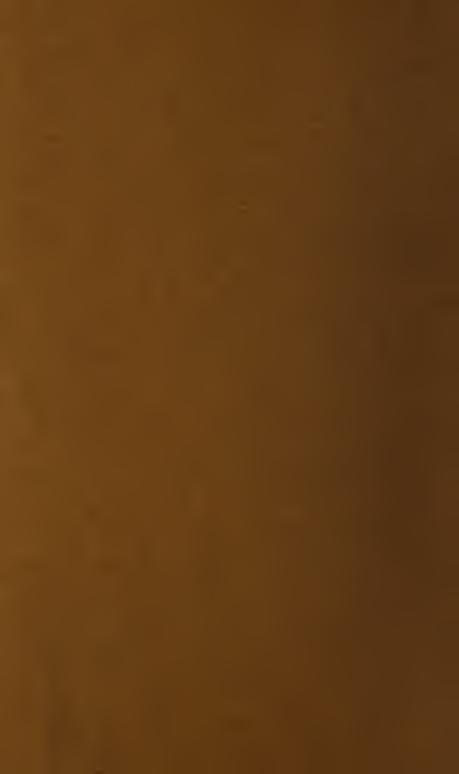
Health, Welfare, School Health and Meteorological Services

AND AS

Medical Referee to the Eastbourne Crematorium

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.

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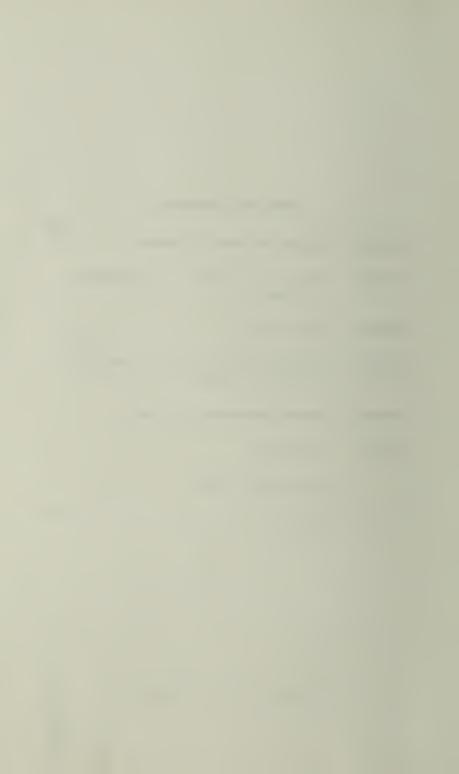
KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.

Medical Officer of Health



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#### ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT
AVENUE HOUSE
EASTBOURNE

October, 1969

To His Worship the Mayor and to the Aldermen and Councillors of the County Borough of Eastbourne

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present this the seventy-seventh Annual Report of the state of the Public Health and the work of the Department.

The year 1968 was one of continued progress but was not marked by any major event, change or substantial completed project. Nevertheless demands upon the administrative sections continue to rise making it more difficult each year to publish this report in good time. Comment in this introduction and in other parts of the Report will be somewhat curtailed this year.

#### Statistical

The Registrar General's mid-year estimate of population admits a further increase of 1,400 persons over the previous year thus maintaining over a decade the highest rate of increase for any County Borough.

Reference to the numerous individual County Reports of the Registrar General relating to the 1966 sample census reveals that Eastbourne with 28.066 has the highest percentage of persons aged 65 and over for any County Borough whilst the administrative county of East Sussex has the highest percentage for any county (20.678 per cent.). All the indications are that these figures have already been significantly exceeded.

#### Birth Rate

Following five years of relatively high rate the corrected figure for 1968 of 12.46 now follows the national trend of a fall towards the levels which prevailed during the "fifties".

#### General

The rising proportion of dependent elderly in the community, the relative insufficiency of community and hospital resources, and the increasing difficulty of recruitment of staff able and willing to provide physical care for the aged and handicapped has caused me to comment in terms of ever greater urgency in each successive Annual Report. However, my assessment of the implications of the south coast crisis in geriatric welfare and my recommendations, real or supposed, have

recently received more than sufficient publicity and require no further exposition at the present time.

The turn of the year 1968-69 brought the retirement of two senior and respected members of staff. Our Chief Dental Officer for some twenty years, Mr. M. G. Berry will be greatly missed, not least by parents and children. He had a wonderful way of putting children and mothers at ease and eliminating the traditional terror of the dental surgery. The integrity of his clinical work represents a firm foundation upon which many a citizen of Eastbourne will bite for years to come. We wish him well in his retirement.

Mrs. S. M. James, Superintendent Health Visitor, also a popular member of staff for many years, possessed in addition to professional skill, the ability to preside with charm and distinction over public meetings. She will be greatly missed by voluntary bodies concerned with family health and welfare. Her splendid response to the challenge of war widowhood has been of inestimable gain to the community. We wish her every happiness upon her marriage.

I wish to place on record once again my appreciation of the understanding support and co-operation of the Members of the Council, the Chief Officers, my local medical and professional colleagues and the worthy and loyal staff of this Department.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

#### HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1968)

The Mayor:

COUNCILLOR C. G. SCOTT, J.P.

Chairman:

ALDERMAN C. E. DOBELL

Deputy Chairman:

ALDERMAN MRS. W. L. LEE

Alderman:

Councillors:

S. M. CAFFYN, C.B.E.

I. Dobson R. POYNTER R. Tomsett

MRS. E. F. M. WHITE, J.P.

Co-opted Members:

Mr. J. A. FAIRCLOUGH-Eastbourne Executive Council Dr. D. A. Craib—Eastbourne Local Medical Committee

Mr. D. S. MacLachlan-Eastbourne Hospital Management Committee

#### PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1968)

The Mayor:

COUNCILLOR C. G. SCOTT, J.P.

Chairman:

ALDERMAN MRS. W. L. LEE

Deputy Chairman:

COUNCILLOR W. J. EVENDEN

Councillors:

Mrs. U. E. G. GARDNER

L. G. HARRIS

K. G. HURREY R. TOMSETT T. W. WARD

Mrs. E. F. M. White, J.P.

#### WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1968)

The Mayor:

COUNCILLOR C. G. SCOTT, J.P.

Chairman:

COUNCILLOR T. W. WARD

Deputy Chairman:

COUNCILLOR A. G. BANFIELD

Aldermen:

M. SKILTON C. E. DOBELL Councillors:

I. R. BATHE J. Dobson

R. Tomsett

Mrs. E. F. M. White, J.P.

#### HEALTH AND WELFARE SERVICES DEPARTMENT STAFF

(in post at 31st December, 1968)

Medical Officer of Health:

KENNETH O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Senior Medical Officer:

Marjorie I. Godson, M.B., Ch.B., D.P.H. (Certificate in Radiological Protection)

Departmental Medical Officers:

MARY SIMPSON, M.B., Ch.B., D.P.H. (Diploma in Anaesthetics) U. M. DUGAN, M.B., B.S. (Part-time)

Chief Dental Officer:

M. G. BERRY, L.D.S., R.C.S.

Assistant Dental Officer:

J. W. MARTIN, L.D.S.

Chief Public Health Inspector:

EDWARD EDLINGTON (a) (b) (c)Deputy Chief Public Health Inspector:

F. T. RIPPIN (a) (b)

Public Health Inspectors:

G. R. EYSENCK (e)

L. G. HOWARD (a) (b)
A. MATTHEWS (a) (b) (d)
T. MATTHEWS, S.R.N. (a) (b) (c)

G. N. RICHARDS (a) (b)

Pupil Public Health Inspector:

G. E. RUTLAND

Technical Assistant:

S. A. HALL

#### Qualifications:

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
- (b) Meat and Food Inspector's Certificate, Royal Society of Health.
- (c) Smoke Inspector's Certificate, Royal Society of Health.
- (d) Sanitary Science Certificate, Royal Society of Health.
- (e) Public Health Inspector's Diploma.

Superintendent of Home Nursing Service and Non-Medical Supervisor of Midwives: MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V.Cert.

Deputy Superintendent of Home Nursing:

R. S. NEWMAN, S.R.N., Q.N.

#### Senior District Nurse:

MRS. J. E. RAINSLEY, S.R.N., Q.N.

#### District Nursing Sisters:

#### Whole-time

Mrs. E. Ekrem, S.R.N., Q.N.

MISS E. M. LEE, S.R.N., Q.N.

MRS. S. MARKEY, S.R.N., Q.N.
MRS. G. M. MEEN, S.R.N., Q.N.
MISS J. PEARSON, S.R.N., S.C.M., Q.N.
MRS. A. C. PERKINS, S.R.N., S.C.M.
MISS J. A. U. PETERS, S.R.N., S.C.M., Q.N.

\*A. ROTCHELL, S.R.N., Q.N.

\*J. W. SELMES, S.R.N.

Mrs. M. I. THORNE, S.R.N., S.C.M., Q.N.

\*District Nursing Officers

#### District Nurse|Midwife:

MRS. I. M. JENNER, S.R.N., S.C.M.

#### Part-time District Nursing Sisters:

Mrs. I. Boothroyd, S.R.N., R.F.N., Q.N.

Mrs. M. J. Grenfell, S.R.N.

Mrs. C. Healy, S.R.N., R.M.N. Mrs. M. A. Newman, S.R.N.

Mrs. S. M. Shandley, S.R.N.

MRS. N. SPENCE, S.R.N.

Mrs. M. E. Suleman, S.R.N.

#### District Nurses:

#### Full-time

MISS B. ATKINSON, S.E.N.

Mrs. E. Holtom, S.E.N.

Miss K. Newton, S.E.N.

Mrs. D. C. Pinyoun, S.E.N. MRS. D. T. WALDEN, S.E.N.

#### Part-time

Mrs. J. A. MILLICHAMP, S.E.N.

Mrs. A. Reynolds, S.E.N.

Mrs. A. M. Uridge, S.E.N.

#### Nursing Auxiliaries:

#### Part-time

Mrs. D. B. M. Bartholomew

MRS. C. M. CARLSON

MRS. M. HALSEY

Mrs. O. Langton Miss K. Parslow

Mrs. J. B. Stephenson

#### Domiciliary Midwives:

MISS M. A. BENNETT, S.C.M.

Miss F. M. Scammell, S.R.N., S.C.M.

#### Superintendent Health Visitor:

Mrs. S. M. James, S.R.N., H.V. Cert.

#### Senior Health Visitor:

Mrs. D. I. Dale, S.R.N., S.C.M., H.V. Cert.

#### Health Visitors:

MISS B. D. BEALE, S.R.N., S.C.M., H.V. Cert.

Miss J. C. M. Berk, S.R.N., H.V. Cert.

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert. MISS H. HAMILTON MOSS, S.R.N., S.C.M., H.V. Cert.

MISS B. J. HUDSON, S.R.N., S.C.M., H.V. Cert.

(Diploma in Social Studies)

MISS H. M. PATTERSON, S.R.N., H.V. Cert.
MISS A. N. RANKS, S.R.N., S.C.M., H.V. Cert.
MRS. E. L. SNASHALL, S.R.N., H.V. Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.
MRS. S. M. TENNANT, S.R.N., H.V. Cert.
MRS. M. F. TOMSETT, S.R.N., H.V. Cert.

#### Student Health Visitor:

MISS I. K. MITCHENER, S.R.N.

#### Clinic Assistant:

Mrs. J. W. Nethercott

#### Health Education Officer:

MISS M. G. HEMMING, S.R.N., H.V. Cert.

#### Health Education Assistants (Part-time):

Mrs. V. Buckland E. C. THOMPSON

#### Home Help Service:

Mrs. V. Hardy King, M.I.H.H.O., Home Help Organiser Mrs. E. M. Bracey, Assistant Home Help Organiser

#### Mental Welfare and Welfare Services:

V. O. F. LITTLE, F.I.S.W., L.M.R.S.H., Welfare Services Officer H. A. Hurt, A.I.S.W., Senior Mental Welfare Officer and Deputy Welfare

Services Officer

Mrs. S. D. Green, M.S.M.W.O., Diploma in Social Studies, Deputy Senior Mental Welfare Officer

#### Mental Welfare and Welfare Officers:

MISS M. J. BIGNALL Diploma in Social Studies

MRS. C. A. EVANS, S.R.N., S.C.M., H.V. Cert. MISS E. E. INESON, Senior Social Welfare Officer for the Blind

MRS. M. H. LADLEY, Social Welfare Officer for the Blind MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V. Cert.

(Diploma in Social Studies)

#### Welfare Assistants:

Mrs. P. N. Clark, S.E.N. Mrs. V. E. Smith, S.E.N.

Miss A. H. Maggs

Occupational Therapist:

Mrs. P. M. Robertson, M.A.O.T.

Speech Therapist:

Mrs. K. G. Hansford

#### Administrative and Clerical Staff:

E. TARBUCK, Chief Administrative Assistant W. L. Peck, Senior Administrative Assistant P. G. CLARK, D.M.A., Administrative Assistant

#### Section Clerks:

MISS B. DOUCH MISS M. S. HARDY D. E. MOSELEY R. E. Stonehewer Miss G. E. Woods Mrs. V. M. Young

# Secretary to Medical Officer:

MISS P. J. HOADLEY

#### Secretarial and Filing:

Miss D. M. Beetlestone Miss H. E. Mason Mrs. J. C. Rudman

#### Clerical:

MRS. P. BALL (Part-time)
MRS. E. COOPER (Part-time)
E. G. ELKINGTON
G. M. FITZHUGH
MISS P. A. FOWLER

Mrs. M. Hodkinson Mrs. S. M. Hook (Part-time) Miss J. P. Jennings Mrs. G. M. Morris Mrs. J. A. Parsons

#### Dental Surgery Assistants:

Mrs. D. J. Andrews (Part-time) Miss K. Farrington Miss K. A. Lambert

#### Chiropodists (Whole-time):

D. J. Bettles, M.Ch.S., S.R.Ch. J. D. Moult, L.Ch., S.R.Ch.

#### Part-time Chiropodist:

Mrs. J. Chapman, M.Ch.S., S.R.Ch.

#### Chest Physician:

A. H. Ferguson Gow, M.R.C.S., L.R.C.P. (Joint appointment with S.E. Metropolitan Regional Hospital Board)

#### Public Analyst:

T. E. RYMER, F.R.I.C.

#### Supervisory Staffs of Homes and Hostels, etc.:

Princes Park Day Nursery Junior Training Centre Hazel Court Hostel Occupation/Training Centre The Yews Cavendish Lodge Trevin Towers Staveley Court St. Anthony's Court Willoughby Court Parker House MISS M. J. KENNEDY, Matron
MISS E. BURNS, Principal
MRS. I. BROWN, Matron
G. E. TOWNSEND, Superintendent
MRS. W. G. McLAUGHLIN, Matron
G. W. SCHOFIELD, Superintedent
W. H. OLIVER, Superintendent
F. W. MEPHAM, Superintendent
C. ROBERTS, Superintendent
L. T. SPENCER, Superintendent
MRS. J. E. JERRATT, Matron

# Staff of the Health and Welfare Services Department at 31.12.68

		Full-time	Part-time	Total
Medical Officers of Health, Deputy and	d Assistants	s 4	1	5
		2	_	2
Dental Officers		20	3	23
Dental Surgery Assistants		2	1	3
Public Health Inspectors		7	_	7
		1	_	1
Health Visitors, including Superinten-	dent	13	_	13
Student Health Visitor		1	_	1
Clinia Ninna		1	_	1
Home Help Organisers		2	-	2
Home Nurses, including Superintende	ent	19	10	29
Domiciliary Midwives		2	_	2
Nursing Auxiliaries		_	6	6
Social Welfare Officers for the Blind.			_	2 2 1
Occupational Therapist and Handicraf	t Instructo	rs -	2	2
C 1 PC1 1.		4	-	
			_	3 3 3
Chiropodists		2	1	3
Health Education Officers and Assista		1	2	3
Welfare Officer and Mental Welfare (	Officers	6	-	6
Day Nursery		9	5	14
		. 3	5	8
Junior Training Centre and Hostel .		. 12	11	23
		67	45	112
The Yews Hostel		. 1	2 3	3
		. 4	3	7
Domestic Helps		_	56	56
PT 1 1 1 A 1		. 1	-	1
Rodent Operator		. 1	_	1
Others, i.e. Cleaners, Caretaker, Van	Driver	2	8	10
		189	161	350

# SECTION A

# **GENERAL**

Vital Statistics

Notification of Births

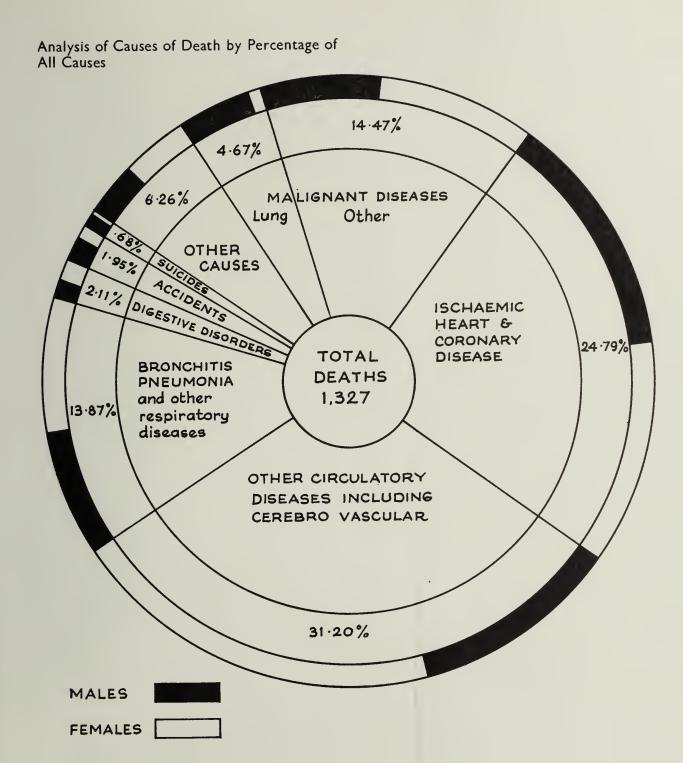
General Information-Natural and Social Conditions

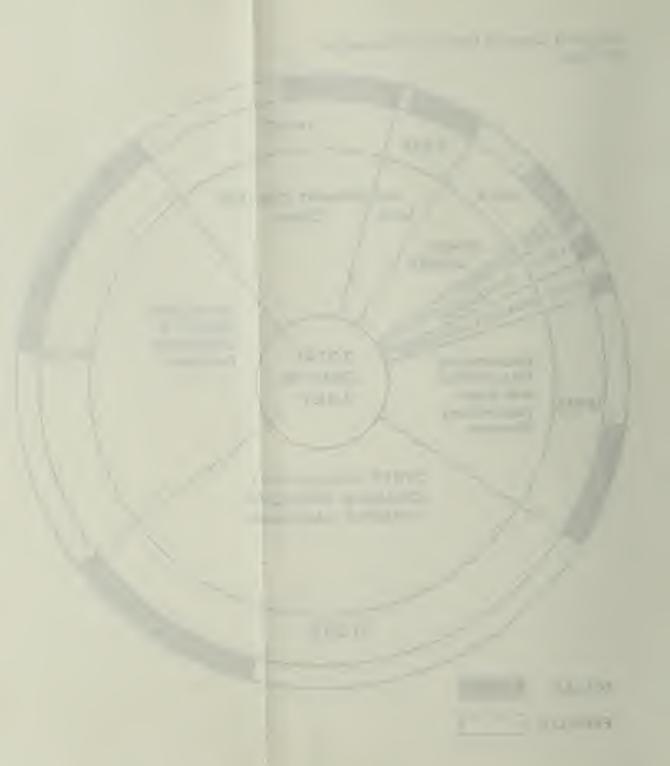
#### VITAL STATISTICS

Estimated mid-year population: 68,200

Registered Births  Males Fe	males Total
Live births—Legitimate 289	299 588
Illegitimate 33	38 71
<del></del>	
322	659
Still births—Legitimate 4	- 4
Illegitimate	1 1
4	1 5
Deaths	
	724 1,327
Line binths.	England ≈ W.l.
Live births: Eastbourne	
Number 659	819,272
Rate per 1,000 population 9.66	16.9
Live birth rate per 1,000 population after applying "Area Comparability Factor"	
(1.00)	
Illegitimate live births per cent. of total	_
live births 10.77	8.4
Still births:	01
Number 5	11,848
Rate per 1,000 live and still births 7.53	14.3
Total live and still births 664	_
Infant deaths (deaths under one year) 13	14,982
Infant mortality rates:	
Total infant deaths per 1,000 total live	40.0
births 19.72	18.3
Legitimate infant deaths per 1,000 legiti-	
mate live births 20.40	_
Illegitimate infant deaths per 1,000 illegitimate live births 4.08	
Neo-natal mortality rate (deaths under four	

	Eastbourne	England & Wales
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	16.69	10.5
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total	1007	100
live and still births)	24.09	24.7
Number of deaths	Nil	198
Rate per 1,000 total live and still births Death rate (crude) per 1,000 population	Nil 19·45	0·24 11·9
Death rate after applying "Area Comparability		
Factor" (0.54)  Deaths from Tuberculosis	10·50 Nil	2,091
Tuberculosis death rate per 1,000 population	Nil	0.04
* * *		
Causes of Death	Males Fema	
Other infective and parasitic diseases	2	- 2
Malignant neoplasm—stomach		8 19
Malignant neoplasm—lung, bronchus	52 1	
Malignant neoplasm—breast	- 3	
Malignant neoplasm—uterus		8 8
Leukaemia		5 9 1 125
Other malignant neoplasms		1 123
Benign and unspecified neoplasms	_	1 3
Other Endersine disease etc	1	- 1
Other diseases of nervous system, etc.	3 1	
Character at a second to the second discount	3 1	
TTom out on along discussion		9 15
Ischaemic heart disease	170 15	
Other forms of heart disease	36 8	
Cerebrovascular disease	91 14	
Other diseases of circulatory system	13 3	
Influenza	7 1	
Pneumonia	34 6	
Bronchitis and Emphysema	41 1	
Asthma	4	_ 4
Other diseases of respiratory system	2	2 4
Peptic Ulcer	7	4 11
Intestinal obstruction and hernia	2	4 6
Cirrhosis of liver	-	1 1
Other diseases of digestive system	5 1	2 17
Nephritis and Nephrosis	1	- 1
Hyperplasia of prostate	5	- 5
Other diseases, genito-urinary system		7 10
Diseases of musculo-skeletal system		3 4
Congenital anomalies		2 7
Birth injury, difficult labour, etc	-	1 4
Other causes of perinatal mortality	3	- 3





		Males	remates	1 otat	
Symptoms and ill-defined condition	ns	 1	7	8	
Motor vehicles accidents		 5		5	
All other accidents		 12	9	21	
Suicide and self-inflicted injuries		 3	6	9	
Total all Causes		 603	724	1,327	

This table and the accompanying chart are not readily comparable with previous charts because of revised official classification of causes of death.

# Extract from Death Returns for the year ended 31st Dec., 1968

(Locally compiled statistics)

	(	omprod otam		
Age	Malignant neople Males	asm, lung, bronchus Females	Coronary di Males	isease, angina Females
42	1	1		_
45	_	_	2	_
47	1	_	_	
48	_	_	1	_
50	_	_	_	1
51	_	1	1	_
52	_	_	_	1
53	_		3	
54	1	_	2	- 2 1
55	1	_	2	1
56	i	_	4	_
57	_		3	
58	2		3	
59	2	_	2	
60	1	1	6	2
61	1	1	3 2 2 4 3 3 2 6 2 5 3 3 5 6	- 2 1
62	1 3 3 2 2 2 5 2 2 4	1	·E	1
63	3	_	2	2
64	2	1	3	
65	2	1	5	2
66	2	_	5	2
67	3	_	1	4
60	2	_		4
68 69	2	_	4	2
70	4	_	4 5 3 2 2 6	2 2 4 2 2 4 3 4
70 71	1	_	5	4
71		-	3	3
72	1	1	2	4
73	3	_	2	_
74	15	2 2	50	4
75 and	over 15	2	52	52
		10	122	
	52	10	133	89
				_

Age Mortality			Males	Females	Total
Under 1	 	 	10	3	13
1–5	 	 	_	_	_
5–15	 	 	1	1	2
15–25	 	 	4	-	4
25–45	 	 	11	6	17
45–65	 	 	116	70	186
65–75	 	 	167	163	330
75 and over	 	 	294	481	775
			603	724	1,327

# Deaths from Cancer

	Year	Population			A	Total	Death Rate			
	1 ear	Population	0-I	1-5	5- 15	15- 45	45- 65	65 and over	Deaths	per 1,000 Population
	1950	58,050	_	_	_	9	54	100	163	2.80
	1951	57,510	1	-	1	4	46	77	128	2.22
	1952	57,200	-	-	-	4	46	94	144	2.51
	1953	57,190	_	_	-	8	55	5	148	2.61
Ten	1954	57,600	- 1	- 1	- 1	4	33	96	133	2.30
Years	1955	57,830	-	1	- 1	3	51	113	168	2.91
	1956	57,850	- )	- 1	_	5	46	103	154	2.66
	1957	57,800	- 1	- 1	-	3	58	124	185	3.20
	1958	57,680	-	-	-	9 5	40	121	170	2.95
	1959	57,800		1	1	3	84	91	181	3.13
	Total		1	2	2	54	513	1,004	1,574	
	1960	57,940	_	_	_	4	53	120	177	3.05
	1961	59,830	_	_	1	10	59	135	205	3.43
	1962	61,250	-	_	_	7	74	125	206	3.36
	1963	62,010	-	1	1	5	58	134	199	3.21
	1964	63,530	-	-	1	6	70	146	223	3.51
	1965	64,620	-	-	1	3	61	153	218	3.37
	1966	65,630	-	1	1	4	56	168	230	3.51
	1967	66,800	-	-	1	5	63	154	223	3.33
	1968	68,200	- 1		1	6	60	187	254	3.72

# Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1968

		Age Groups												Total	als		
Years	15-	-25	25-	-35	35-	-45	45	-55	55-	-65	65	-7 <i>5</i>		and ver		100	413
	M	$\overline{F}$	M	F	$\overline{M}$	F	M	F	M	$\overline{F}$	M	F	M	F	M	F	Total
1954	_	_	1	-	-	-	4	-	-	-	1	2	1	1	7	3	10
1955	-	-	_	2	-	_	-	3	-	-	-	1	-	1	_	7	7
1956	-	-,	-	2	1	_	1 2	2 2	1	1 2	1	3	1 1	-	6	6	8 15
1957 1958	-	-1	-	2	1	_	2	_	1	2	1	) J	1	-		2	4
1959	_			1			1		1	_	1	4	1		2 2	8	10
1960				1	1	_	1 3	2 4	1	2	_	_	1 _	_	5	7	12
1961	1		2	2	Ê	_	4	1	1	_	_	1	1	1	8	5	13
1962	1-1	_		1	_	_	1	6	_	_	l _	1	<u>-</u>	2	1	10	11
1963	1	1	_	-	_	_	-	1	1	2	-	1	1	_	3	5	8
1964	-	-	-	-	- 1	1	-	2	( -	4	-	2	_	-	1 -	9	9
1965	1	-	-	1	-	2	2	-	2	1	1	4	1	1	7	9	16
1966	-	- 9	2	-	1	1	4	1	2	2	1	1	1	4	11	10	21
1967	-	-	-	-	3	_	-	1	3	2	1	2	-	1	7	6	13
1968	1	-	-	_	1	_	1	1	V-	2	-	2	-	1	3	6	9
Totals	4	1	5	11	7	4	23	26	11	20	6	28	8	12	64	102	166

#### REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1949 to 1968 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)

	Returns) and Rate per 1,000 Population (corrected)										
		1	Vumbe:	r Rate				Numb	er Rate		
1949			740	13.0	1959			579	11.4		
1950	٠.		701	13.5	1960			634	12.5		
1951			644	11.5	1961			663	12.6		
1952			635	11.9	1962			694	12.9		
1953			617	11.7	1963			760	15.6		
1954			612	12.1	1964			699	14.1		
1955			553	10.9	1965			677	13.4		
1956			563	11.1	1966			738	14.3		
1957			602	11.9	1967			732	14.1		
1958			603	11.9	1968			659	12.4		
Illegitimate Live Birth Rate,* 1957–1968											
19	957			5.1	1963				7.7		
19	958			6.6	1964				8.7		

1965

1966

1967

1968

10.3

11.8

11.2

10.7

6.4

9.0

8.6

8.6

1959

1960

1961

1962

. .

<sup>\*</sup>Percentage of total births

#### Notification of Births

1,298 live births and 10 still births took place in the Borough and were notified to the Local Authority. 643 live births and 5 still births were to mothers resident in Eastbourne, and 655 live births and 5 still births were to mothers resident outside the Borough.

In addition there were 5 transfers of live births relating to East-bourne mothers confined elsewhere. (Note: The total of Registered Births is not necessarily identical with the total of Notified Births.)

# Analysis of Notified Births

	Resi	dent	No Resi		To	Total	
Domiciliary	Live Birhts	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
Local Authority Midwives Inward Transfers	20 –	<u>-</u>	<u>-</u> -	_ _	20 _	_	20
	20	-	-	_	20	_	20
Institutional Maternity St. Mary's Hospital Inward Transfers	358 265 5	5 -	207 448 –	5 _	565 713 5	10 -	565 723 5
Total Institutional	628	5	655	5	1,283	10	1,293
Total, All Births, 1968	648	5	655	5	1,303	10	1,313
Notified Births, 1967	718	6	640	7	1,358	13	1,371

#### GENERAL INFORMATION

#### Situation and Climate

Latitude 50° 46′ N.: Longitude 0° 17′ E.

Eastbourne occupies a favoured situation on and at the foot of the eastern slope of the South Downs, facing the English Channel, with protection from prevailing westerly winds. Sunshine records are consistently among the highest recorded on the mainland. This is partly due to the peninsular position of the Borough.

#### Elevation

The highest point is about 640 ft. above sea level on the Downs, sloping from the west to a minimum of 6.58 ft. above highest mean sea level in the east of the Borough.

#### Area

The area of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres). This acreage, includes downland

which is preserved from building development. There remains, however, considerable land available for future development.

#### **Financial**

Number of Separate Assessments: 30,635.

RATEABLE VALUE at 1st April, 1969: £3,834,218.

RATES: Domestic, 11s. 3d. Mixed hereditaments, 11s. 11d. Business

and Commercial, 12s. 6d.

PRODUCT OF 1D. RATE: £15,775.

Meteorology—76 years' average:

Temperatures: Max. 55.8° F.; Min. 45.5° F.; Mean 50.7° F.,

Sea 52° F.

Sunshine: Total 1,810.2 hours; Daily 4.96 hours.

Rainfall: Total 31.68 inches; Days 163.

#### Visitors to Eastbourne

The natural physical environment of the town accompanied by pleasant climatic conditions and fostered by the Corporation's efforts to provide supportive amenities, attracts holiday makers in their thousands. Many of these see Eastbourne as an ideal place of retirement but unfortunately the growing proportion of elderly in the population is outstripping the provision of hospital, nursing home and community care facilities.

During the holiday period many extra demands are made on most services which are met within the resources of the department.

# SECTION B

# NATIONAL HEALTH SERVICE ACT

# Ante-natal, Mothercraft and Relaxation Classes

This service continued as described in my report for 1965. See also under Health Education and Midwifery Sections, pages 27 and 25.

#### Sessions and Attendances

	Average number of sessions per month	Number of women who attended	Number of new cases	Attendances
Health Education (Health Visitors) Relaxation Sessions (Midwives)	17	400	16	2,010

# Infantile and Child Mortality

The deaths of thirteen infants under one year of age were recorded. Eleven of these occurred during the first week of life.

Age	Sex	Cause of Death
5 hours	$\mathbf{M}$	1 (a) Cardio-respiratory failure.
7 hours	$\mathbf{M}$	1 (a) Cardio-respiratory failure.
		(b) Congenital pulmonary atelectasis.
7 hours	$\mathbf{M}$	1 (a) Prematurity
8 hours	F	1 (a) Cerebral haemorrhage.
		2 Atrial septal defect.
9 hours	$\mathbf{M}$	1 (a) Cardio-respiratory failure.
		(b) Congenital pulmonary atelectasis.
		(c) Birth by caesarian section.
11 hours	$\mathbf{M}$	1 (a) Cardio-respiratory failure.
		2 Premature 31 weeks.
19 hours	$\mathbf{M}$	1 Prematurity.
1 day	F	1 (a) Anencephaly.
		(b) Multiple congenital abnormalities.
3 days	$\mathbf{M}$	1 (a) Cardio-respiratory failure.
		(b) Respiratory distress syndrome.
5 days	M	1 (a) Cardiac failure.
,-		(b) Congenital heart disease.
5 days	M	1 (a) Pulmonary atelectasis.
		(b) Atrial septal defect.
3 weeks	$\mathbf{M}$	1 (a) Mechanical asphyxia.
4 months	F	1 (a) Bronchopneumonia.
	_	2 Congenital heart disease.
7 years	F	1 (a) Astrocytoma.
14 years	$\hat{\mathbf{M}}$	1 (a) Fractured skull and cerebral haemorrhage.
I. yeare	112	- (") I lated to the and the teleplan had morninge.

# Maternal and Infantile Mortality, 1894-1968

1894–1903 Average 108·5 1904–1913 Average 79·3 1914–1923 Average 52·3 1924–1933 Average 30·0 1934–1943 Average 23·6 1944–1953 Average 17·4	118·2 96·6	3.6	
1954—1963 Average	96.6 68.8 45.7 42.4 23.4 19.64 14.31 19.20 13.55 15.02	2·6 1·5 1·5 2·1 1 0·3 -	4·6 2·9 1·9 2·2 3·7 1·3 0·47 - - 1·3

**Prematurity** (i.e. babies weighing  $5\frac{1}{2}$  lb. or less at birth irrespective of period of gestation).

Equipment is provided by the department for the care of premature infants born at home and very satisfactory provision is available in the hospitals. The ambulance fleet has been adapted to utilise a portable incubator held at a local hospital in the event of an emergency requiring the removal of a newly-born infant to hospital.

## (a) Number of Premature Live Births Notified

Place of Birth	Resident	Non-resident	Total
Own home	 1	-	1
Maternity Home	 3	8	11
Hospital (St. Mary's)	 32	41	73
Hospital (elsewhere)	 -	-	-
	_	_	_
	36	49	85
	_	_	_

## (b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

	Resident	Non-resident	Total
(i) Died within first 24 hou	rs:		
St. Mary's Hospital	4	1	5
Maternity Home	-	_	-
Own Home	1	-	1
	_		
	5	1	6

(ii) Died within 1-28 days: None.

# Congenital Malformations

The number of congenital malformations noticed at birth and notified in accordance with Ministry of Health Circulars 13/63 during the year 1968 was 13 (9 children).

These malformations were classified as follows:

Central nervous system				2
Eye and ear				1
Alimentary system	• •			2
Heart and great vessels				_
Respiratory system		• •		_
Uro-genital system				1
Limbs			• •	4
Other skeletal				_
Other systems				2
Other malformations				1

One of these babies died within the first 24 hours.

#### **Unmarried Mothers**

Under the Authority's scheme for the welfare of unmarried mothers and their children, full use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Moral Welfare Association. I am indebted to Sister Jackman for the following report on her work in 1968.

The 76 new cases dealt with this year are made up as follows:

Illegitimate pregnancies	 	50
Applications to adopt	 	13
Help and advice	 	13

Enquiries concerning adoption have risen this year. The number of illegitimate pregnancies is slightly down compared to last year.

The age range of the mothers is from 15 to 42, by far the largest number being in the 18 to 20 group. Fourteen girls have kept their babies, two are with foster parents and one is in a nursery. Four girls married the putative fathers of their children, twelve babies were offered for adoption, one died and seven are not yet born.

There was one abortion and we have lost touch with three clients. Twelve of the new cases had come to Eastbourne from other areas.

Eighteen putative fathers have been contacted, and twelve were interviewed and accepted responsibility and helped as they were able.

Help and advice has been given to girls who, in difficult circumstances, are trying to keep their babies and we are grateful to the voluntary societies for their generous financial help through grants.

#### Child Welfare Clinics

These were held at the following times:

Avenue House—Monday, morning and afternoon, and Friday afternoon.

Acacia Villa, Seaside—Tuesday, morning and afternoon.

Green Street—Wednesday, morning and afternoon.

Langney Village Community Centre—Thursday afternoon.

Hampden Park Hall—Wednesday and Friday afternoons.

# CLINIC ATTENDANCES, 1968

Clinic	Number	Number of Children attending Clinics Born in:				
Ciinic	1968	1967	1963–66	Total	Attendances	
Avenue House . Green Street . Acacia Villa Langney	. 155 . 145 . 45	219 141 141 51 168	347 283 328 206 501	748 579 614 302 804	4,904 3,626 4,420 1,812 4,783	
TOTAL	. 662	720	1,665	3,047	19,545	

Previous	YEAR'S	ATTENDA	ANCES		Number of children who attended	Number of attendances
	1964				2,671	19,883
	1965			٠.	2,709	18,107
	1966				2,839	18,554
	1967				2,900	- 20,127

#### Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly with the main centre for distribution being the Local Authority's central welfare clinic at Avenue House. The four outlying welfare centres continued as subsidiary distribution centres during the normal clinic sessions, and in addition weekday distribution was made in the mornings and afternoons at the W.R.V.S. Centre in Hyde Road, commencing on 1st July, 1967.

Under the Authority's arrangements for the care of mothers and young children a wide variety of dried milk foods, cereals and other nutrients is made available for resale on the recommendation of the Medical Officer or Health Visitor in attendance at the child welfare sessions.

#### REPORT OF THE CHIEF DENTAL OFFICER

Sixty-eight sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five. Forty-nine expectant and nursing mothers were seen at the Avenue House Clinic and made 171 attendances. Of these, 37 were found to require treatment and all were offered treatment and 26 were actually treated. Twenty-three fillings were inserted and 22 teeth were extracted. Scaling and gum treatment were carried out on 13 patients, and one full denture and two partial dentures were constructed, the laboratory work being undertaken by a local dental technician. Five patients were also referred for radiological examination, this being carried out at the Clinic with the department's own X-ray apparatus.

Of 236 children under school age inspected, 150 were found to require treatment. One hundred and twenty-eight were actually treated and made 363 attendances; 235 temporary teeth were extracted and 14 temporary teeth were filled. In addition, 16 temporary teeth were conserved with silver nitrate treatment and 11 pre-school children were referred for X-rays. All extractions were carried out under general anaesthesia, nitrous oxide and oxygen, and this was administered on 133 occasions.

The ratio of teeth extracted to those conserved for these under-five children cannot be regarded in any way as satisfactory. On only too many occasions these children are seen at the Clinic for the first time when suffering from toothache, a condition usually necessitating a general anaesthetic and extractions. This is the worst possible introduction for a very young child to the dental surgery, and it is hoped that in the near future a system of regular routine inspections, similar to that

already carried out in the School Dental Service, can be arranged for all children from the age of three upwards. It is only by the early detection of dental caries that the temporary or deciduous dentition can be efficiently preserved.

### **Summary of Treatment**

# (a) Numbers Provided with Dental Care

	Examined	Needing Treatment	Treated
Expectant and nursing mothers	49	37	24
Children under five	236	150	138

# (b) Forms of Dental Treatment Provided

	Scaling	Fillings	Silver Crowns		Extrac-	General Anaes-	Dentures		X-rays
	and gum treatment	rillings	Nitrate	Inlays	tions	thetics	Full	Part	A-rays
Expectant and Nursing Mothers	13	23	_	_	22	8	1	2	5
Children under five	_	14	16	_	235	133	-	-	11

#### PRINCES PARK DAY NURSERY

(60 PLACES)

The establishment, excluding domestic staff consists of matron, deputy matron, 3 trained nursery nurses and 5 nursery assistants.

The total attendances were 16,455, an average attendance of 53·42 for the 308 days on which the nursery was open. There is a substantial waiting list for nursery places, priority being accorded to cases of social need.

# Attendances each Month during 1968

	Children aged			Total Average		No. of days	Receipts		
	0-11/2	11-3	3-5	ances	attend.	open	£ s. d.		
January	133	451	640	1,224	45.33	27	216 7 0		
February	135	423	709	1,267	50.68	25	272 16 6		
March	148	453	702	1,303	50.11	26	328 17 6		
April	162	422	647	1,231	51.20	24	242 0 6		
May	193	554	857	1,604	59.41	27	276 19 0		
June	169	456	695	1,320	54.95	24	342 0 0		
July	179	525	833	1,537	56.92	27	292 6 6		
August	167	505	693	1,365	50.55	27	306 2 6		
September	153	500	714	1,367	56-95	24	280 18 6		
October	219	518	815	1,552	57.48	27	263 14 0		
November	169	473	746	1,388	53.38	26	321 3 6		
December	156	454	687	1,297	54.04	24	233 9 6		

#### MIDWIFERY SERVICE

The Midwifery Service continues to show a decrease in the number of mothers having their babies at home but there was an increase in the number of mothers discharged from Hospital and the Maternity Home before 10 days to the care of a Domiciliary Midwife. Of these early discharges, approximately 34 per cent. are the 2nd to 5th day, thereby requiring full nursing care.

Ü	Ü				1967	1968
Discharged	from	Maternity Home a	nd S	St.	•	
Mary's	Hosp	ital before 10 days			88	136

Health Teaching in Clinics and in the homes continues to be a major aspect of the Midwives work. We are very lucky in Eastbourne that our Midwives enjoy teaching and co-operate with the Health Visitors in giving comprehensive care to the mother irrespective of where the baby may be born.

Proportion of domiciliary confinements during the last five years:

	Total births	Domiciliary confinements	Percentage of domiciliary confinements
1964	 699	69*	9.6
1965	 677	65	9.6
1966	 738	43†	5.7
1967	 732	29	3.9
1968	 659	20	3.0

\*Includes one non-resident †Includes two inward transfers

It is to be noted that the number of institutional confinements is 97 per cent. of the total births.

Details of the work of the domiciliary midwives during the year are as follows:

#### Confinements

(a) Doctor booked	Doctor present	7
	Doctor not pre	sent 13
(b) Doctor not booked	Doctor present	
	Doctor not pre	sent –
(c) Miscarriages	••	
VISITS BY MIDWIVES		
Ante-natal visits		702
Visits during labour		52
Visits during puerperium		399
Post-natal visits (domiciliary	cases)	47
Visits to 136 cases discharged	d from hospital be	fore the
tenth day	••	661
		1,861

#### HEALTH VISITORS

The Superintendent Health Visitor reports:

We were pleased to welcome our student health visitor on our fully qualified staff in September.

Contact with general practitioners by liaison and full attachment continues to develop. Liaison with general practitioners has been carried on for some years but in 1968 this increased to an extent on which only full attachment could improve. The Health Visitors are now conducting prophylactic clinics in doctors' surgeries and so spreading the gospel of preventive medicine. There is a great deal of satisfaction in this team work.

#### PHENYLKETONURIA

This special urine test carried out on every infant at the age of ten days and six weeks is the method adopted at the present time for early diagnosis of certain mental defects and is performed by the Health Visitors.

#### HEARING TESTS

Babies from eight months old and again in the fifth year, have a hearing test, given by the Health Visitors in special clinic sessions.

#### BIRTHDAY CHECKS

These are very important annual medical checks carried out in the infant welfare clinics coinciding with a child's birthday.

#### PRE-SCHOOL CHECKS

Special sessions for the  $4\frac{1}{2}$ -year-old—these are full medical examinations not especially to find defects but to give an ideal service of preventive medicine. Prophylactic injections are brought up to date.

#### PAEDIATRICS

The sessions with the Paediatrician in the local hospital are of immense value. They enable the Health Visitor to keep up to date with modern treatment, to see that appointments are kept and be informed of the state of children's physical and mental health.

#### ROUTINE VISITING

Selective visiting is much more prevalent but routine visits to families are still an important part of the Health Visitors' work.

#### NURSING STUDENTS

The Health Visitors were responsible for taking general nursing students out for one day to give them an insight into community care work.

HEALTH EDUCATION in all its aspects forms a considerable part of a health visitors function. In all her contacts the opportunity is taken to

disseminate advice on healthy living. More specialised functions are dealt with under the report of the Health Education Officer.

The Health Visitor's work is summarised in the following figures:

#### Home Visits

Care of mothers and young ch	ildren—	-		
Children born in 1968				3,054
Children born in 1967				
Children born in 1963/66				
Expectant mothers	• •			767
Infectious illness	• •			6
Tuberculosis			• • •	24
Care and after-care (including	aged a	nd handicap	ped	<b>.</b>
persons)	• •	• •	• •	5,833
OTHER VISITS				
To other agencies (voluntary of	rganisat	ions, etc.)		810
To day nurseries	• •	• •	• •	28
To hospitals	• •	• •	• •	211
Miscellaneous	• •	• •	• •	938
CLINIC ATTENDANCES				
Child Welfare				936
Immunisation and vaccination				65
Health Education				428
Aged Persons				87

## HEALTH EDUCATION AND HOME SAFETY

#### ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Health Talks to expectant mothers including those from adjacent county areas continued to be given by Health Visitors and Midwives at Avenue House and Acacia Villa Clinics.

The Bell Hostel. Thirty-five unmarried expectant mothers attended mothercraft classes, 57 attended relaxation classes conducted by a Domiciliary Midwife.

Parentcraft Classes for expectant parents continued to be held on the first Wednesday evening of each month.

The Mothers' Club is held at Avenue House on alternate Thursday evenings. The programme included a number of talks on Health Education subjects, "Shoes for small feet", "Breath of life", "Nutrition for the family", "Terrible twos and lovable threes", "The Samaritans" and cookery demonstrations.

#### RETIRED CITIZENS

Health talks were given to retired citizens at the St. Michaels Luncheon Club. The club was launched on 12th September by the Geriatric Health Visitors. Meals prepared on the premises and served to those retired citizens numbered between 68–70 per week.

Avenue House Central Club. The average weekly attendance was 150 retired citizens. A Geriatric Health Visitor attended each week, and there were a number of "Any Questions?" Sessions held during the year. Liaison with the General Practitioners presented increasing opportunities for Health Education.

#### FOOD HYGIENE

Illustrated talks were given throughout the year by the Public Health Inspectors to persons concerned with Food Handling.

#### CANCER EDUCATION

Women who attended the weekly sessions for Cervical Cytology at Avenue House were given advice by a Health Visitor regarding breast self-examination. Smoking and lung cancer was a subject included in Health Talks to schools, and a subject chosen for the Health Education Project in Clinics and Window displays during January.

#### HEALTH EDUCATION TALKS

The subjects chosen for Health Education Talks given by Health Visitors to various women's clubs, etc. included "Nutrition for the Family", "Safety in the Home", "The Work of the Public Health Department", "Child Care", "Personal Hygiene", and "Cytology in the early diagnosis and treatment of Cancer". Talks on "Mothercraft" were given by the senior Health Visitor to girls taking part in the Duke of Edinburgh's Award Scheme, also "First Aid and Home Nursing" to British Red Cross Cadets.

#### HEALTH EDUCATION IN SCHOOLS

Talks and discussions on "Healthy Living", "Growing Up" and "Personal Relationships," were included in the Health Education Programme. The series of talks were given by the Deputy Medical Officer of Health, and Health Visitors to children attending Cavendish, and Ratton Secondary schools and Lindfield E.S.N. School during the Spring Term, and Bishop Bell, Hampden Park Secondary Schools, and Lindfield E.S.N. School during the Autumn Term.

#### HEALTH EDUCATION AND HOME SAFETY EXHIBITIONS

Designed, prepared and mounted by the Health Education Officer and staff of the Health Education Section.

Care of the Eyes was the subject chosen for our display at the Homes and Trades Exhibition at the Winter Garden held 1st February. Care of the eyes by adequate lighting, correct nutrition, and sight testing was illustrated by the use of models, and the Opticant animated charts. Falls caused through inadequate lighting, and the remedy were also demonstrated.

The Exhibition was visited by 20,460 people.

The Place of the Health Centre in the Eastbourne Urban Development Plan. A small display was mounted and included in the British Medical Association Exhibition at the Congress Theatre during the week of the British Medical Association Congress held in June.

#### DENTAL HEALTH

"The cost of fighting dental disease is now more than £95,000,000 per year, and unless the present trend is changed many 1968 babies will be toothless at the age of 12." This statement by the General Dental Council prompted the choice of subject for our exhibition at the Eastbourne Summer Flower Show in August. The two-day show held at the Seaside recreation ground attracted 10,878 people.

#### HARD OF HEARING

Display material depicting "The bridge of communication" was designed and produced for Miss R. F. McCall, Honorary Secretary of the Eastbourne and District Hard of Hearing Association, for her stand at the Winter Garden "Handicapped Persons" Exhibition in November.

PREVENTION OF ACCIDENTAL POISONING IN HOME AND GARDEN with the caption "Cultivate the Home Safety Habit—It Will Grow!" was the subject for the two-day Autumn Flower Show in November which was attended by 2,022 people.

## PIERRE THE CLOWN (Dental Health Education)

With the enthusiastic co-operation of the Head Teachers arrangements were made for Pierre Picton, otherwise known as Pierre the Clown, to visit 3,316 children in fourteen Infant and Junior Schools in Eastbourne.

Pierre's visits to the schools were sponsored by the General Dental Council and the Fruit Producers Council. His talks on dental health lasted for approximately twenty minutes at each school. Pierre demonstrated with a piece of licorice how sweets, cakes and other goods cling to the teeth, causing decay. He then showed how by chewing a piece of apple food deposits were cleared away quickly and effectively. He also showed the children the correct way to use a toothbrush, using an enormous comb and toothbrush.

# HEALTH EDUCATION AND HOME SAFETY WINDOW DISPLAYS

The following subjects were displayed in the Hippodrome Theatre box office window: "Anti-smoking", "Lighting and prevention of falls", "Nutrition versus Obesity" (many requests were made by the general public for further information regarding this subject following this particular window display) "Spring-clean with safety", "Prevention of accidental poisoning".

The managers of the SEGAS and SEEBOARD showrooms kindly permitted us to use their valuable window space during the summer for our WATER SAFETY displays.

Health Education and Home Safety projects in Clinics were: "Anti-smoking", "Spring-clean with safety in mind", "Foot Health",

"Immunisation" including Measles vaccination, "Mental Health", "Girl Guides 50th anniversary"—Helping Others, "Water Safety and prevention of holiday hazards", "Safety out of doors", "Dental Health", "Prevention of accidental poisoning", "Fireworks, fireguards and safe materials", "A safe and happy Christmas".

#### HEALTH EDUCATION DISPLAY AREAS AVAILABLE IN 1968

Ten individual displays were maintained at approximately four-weekly intervals in the Avenue House Health Centre, Acacia Villa Clinic, Green Street Clinic, Langney Clinic, Hampden Park Clinic, Hippodrome Theatre (except during the Summer season). Posters were accepted and displayed by a number of outside agencies.

Leaflets designed and produced by the Health Education Officer: "Happy Feet for All Ages", (1) "Feet and Shoes", (2) "Foot Care"; "Safety at the Seaside" (2,000 of these leaflets were requested for distribution by the Publicity Department); "Cultivate the Home Safety Habit—it will grow" (prevention of accidental poisoning).

Colour Transparencies were taken by the Health Education Officer to bring up to date and more comprehensive the illustrations used when giving talks regarding the work of the Eastbourne Domiciliary Midwives and District Nurses.

16 mm Films. Tape Recordings and Filmstrips were previewed and appraised by members of the Health Department and suitable items purchased for the Department's Library.

Visitors to the Health Education Section included the Chairman of the Health Services Committee; Health Visitor Tutor from Dundee; Trainee Health Visitor Tutor from Hull, Student Health Visitors; a lecturer in Social Studies; School Teachers and Public Health Inspectors.

During the year records were kept regarding the number, nature of enquiries and requests, apart from our own staff, for information concerning various health subjects. The number of requests totalled 97 from Doctors, Sister Tutors, student nurses, teachers, parents, school children, etc. The Leaflet Library continued to be used for reference purposes.

#### HOME NURSING

The Superintendent reports:

The year 1968 has once again shown the increasing amount of work undertaken by the Home Nursing Staff. Visits to patients in their own homes increased by 4,918 over the previous year to 70,817, *plus* extra patients seen and treated at the General Practitioners' surgeries.

In 1967 the Nursing Sisters visited two General Practitioner Surgeries and in 1968 three more surgeries were visited. Where this departure is working successfully, the need for visits to the patients' homes has diminished. In the New Year it is hoped to commence attaching more of the staff to groups of doctors.

#### THE ELDERLY IN THE COMMUNITY

There is an increase of patients in the 65 years and over group, especially as the hospital beds continue to be in short supply. The following table will show the main increase of work is on the medical side; it is hoped that in the future greater variety of work will be possible resulting from the closer liaison with the doctors.

Categories of	Patients		ī	isit	s	
	1968	1967			1968	1967
Medical	1,817 305 172 21	1,687 314 173 24	Medical Surgical Others Maternal		60,000 9,154 587 105 - 971	54,304 9,653 546 190 1,206
	2,315	2,198			70,817	65,899
Patients in all Categories over 65 years	1,669	1,573				

Session at General F	Practitioners' Surgeries	376
Treatments at "	,, ,, ,,	1,601
Visits to patients	on Hospital Geriatric	
Waiting List		635

Patients were removed from the records on cessation of nursing attendances as follows:

Convalescent		 	527
To hospital	 	 	331
Deaths	 	 	228
Other causes	 	 	603
			1 689

# EQUIPMENT

More and more use is being made of "disposables" and presterilised dressings are in regular use. The routine urine test of all new patients when they come on to the books is a preventive measure, and may over the years uncover a few suspicious symptoms which can then be treated earlier. It is hoped to commence a haemoglobin estimation on all elderly patients in the New Year.

#### TRANSPORT

The number of Local Authority vans remains the same; full use is always made of these, an additional moped has been allocated to the staff and it is hoped that these "bikes" will be replacing the heavier

machines. There remains a small percentage of staff on pedal bicycles, and one who prefers to walk.

#### STAFFING

There has been the usual turnover of staff, three nurses leaving and five joining the service. Three additional part-time Nursing Auxiliaries commenced during the year and are now working to a much greater extent within the team. These staff are most helpful in covering routine nursing care.

A new departure during 1968 was the addition of a part-time S.R.N. to cover late injections, treatments and calls after normal working hours. This appointment proved a need which has required a further part-time S.R.N. appointment in December. These evening hours are very suitable for married women with children who wish to continue to make full use of their professional training.

#### STAFF TRAINING

Two district nurses attended Post-Graduate Courses and both found them of benefit and giving additional interest to their work.

A senior District Nurse attended a special Teaching Course at the William Rathbone Staff College, Liverpool, and has found it most helpful in the "In-Service" training programmes for the Nursing Auxiliaries and Night Sitters and tutorials for the S.E.N., training for the District.

The Deputy Superintendent District Nurse, attended a Middle Management Course at the William Rathbone Staff College for three months. This he found very stimulating and it is hoped some new and improved ideas will be put into practice in the New Year.

#### STAFF SICKNESS

The early Spring was a bad period for sickness amongst the Staff and the establishment was stretched to its limit, fortunately several retired nurses were able and willing to help and the part-timers worked extra hours. We were most grateful to them. Bronchitis and influenzal colds affected the Staff as much as the general public and thereby adding to the difficulties.

#### APPRECIATION

The Staff have appreciated the help and advice they have obtained from Mrs. Robertson, Occupational Therapist. The Geriatric Health Visitors and other Welfare Workers continue to have good liaison with the Staff.

Our thanks are again due to the St. John's Ambulance Brigade for their continued help in conveying messages and help in moving and lifting very heavy patients, and to clerical, nursing and transport staff for loyal support.

### **VACCINATION AND IMMUNISATION DURING 1968**

### A-Smallpox Vaccination

		Primary V	accination	Re-vac	cination
		By Staff of Health Department	By General Practitioners		By General Practitioners
Under 1 year 1-2 years 2-5 years 5-15 years	••	191 28 -	23 170 37 13	- - 2 1	- 1 7 96
		219	243	3	104
		40	52	10	07
			56	59	

### **B**—Diphtheria Immunisation

The age groups and numbers immunised were:

Year of birth	By medical staff of the Department	By General Medical Practitioners	Total
1968	3	16	19
1965-1967	131	141	272
1961-1964	24	1	25
1960-15 years	3	2	5
	_	<del></del>	
	161	160	321
		<del></del>	

### Reinforcing Doses

The age groups and numbers were:

Year of birth	By medical staff of the Department	By General Medical Practitioners	Total
1965-1967	8	56	64
1961-1964	645	175	820
1960-15 years	17	35	52
		<del></del>	
	670	266	936

There have been no notified cases of diphtheria in Eastbourne during the past eighteen years and no deaths since 1946.

### C-Whooping Cough Immunisation

Year of	By Medi of the De	cal Staff partment	By G Practi		To	tals
Birth	Primary	Reinfor- cing	Primary	Reinfor- cing	Primary	Reinfor- cing
1968 1965–1967 1961–1964 1960–15 years	3 131 22 2	- 8 493 4	16 138 1	54 126 14	19 269 23 2	62 619 18
Totals	158	505	155	194	313	699

Cases of whooping cough notified during the last five years are as follows:

Year			Ca	ses notified
1964				20
1965				2
1966		• •		8
1967	• •	• •	• •	1
1968				3

### D-Tetanus Immunisation

77 . f	By Medi of the De	cal Staff partment	By G Practi		To	tals
Year of Birth	Primary	Reinfor- cing	Primary	Reinfor- cing	Primary	Reinfor- cing
1968 1965–1967 1961–1964 1960–15 years	3 131 24 12	- 8 644 243	16 141 8 37	62 186 76	19 272 32 49	70 830 319
Totals	170	895	202	324	372	1,219

### E-Vaccination against Poliomyelitis

Year of Birth	By Health Department	By General Practitioners Completed Courses
1960-15 years	 28	12
1961–1964	 26	14
1965	 2	4
1966	 7	5
1967	 130	116
1968	 5	17
Totals	 198	168

In addition 1,931 booster doses were given to children at sessions held in the Local Authority schools, and 264 booster doses were given to children by medical practitioners.

### THE EASTBOURNE AMBULANCE SERVICE

The Chief Ambulance Officer reports:

Once more it is a pleasure to report that the Eastbourne Division of the St. John Ambulance Brigade has continued to operate the Eastbourne Ambulance Service on behalf of Eastbourne's Local Health Authority and the seven surrounding parishes of the East Sussex County Council.

Increasing demands are still being made upon our services and consequently the amount of work undertaken by the Service is steadily increasing.

In keeping with larger Ambulance Services throughout the country, the Eastbourne fleet of ambulances has now been equipped with blue flashing lights in the middle of the front grilles. These are in addition to the normal blue flashing beacons on the top of the vehicles and thus enables motorists looking through their interior mirrors to see that they are being followed by an ambulance. Our vehicles are then given the "right of way" more freely when proceeding on emergency calls.

At present we are in the process of trying out a "Sussex Resuscitator" on one of our accident ambulances. This is a hand-operated "kiss of life" appliance, quite portable and simple to use. This obviates personal mouth to mouth resuscitation which in some cases, can be a little unpleasant for the Attendants.

When the tanker *Sitakund* went aground off Eastbourne in October, the Ambulance Service was alerted but I am happy to say our services were not required.

The year 1968 was a sad year for us in that it saw the passing away of our former Ambulance Officer, Mr. A. J. Burnage. His death was a sad loss to the community and surely a token of this must have been his funeral when the church was packed to absolute capacity with his colleagues and friends of many years.

Thanks to the support of full-time personnel and the Brigade volunteers we have been able to man the Night Ambulance Service on a completely voluntary basis, thus effecting a large saving in operational costs. Unfortunately, this task is becoming increasingly difficult year by year. It is interesting to note that on an average we answer some 50–60 calls per month during the hours of 10 p.m. and 7 a.m.

I am happy to be able to conclude this report on a cheerful note brought about by our Annual Inspection. Yet again Eastbourne was highly commended for its grand turn-out of vehicles and personnel.

AMBULANCE SERVICE

# PERSONS CARRIED AND MILEAGES, 1964-1968

EASTBO	0 I	EASTBOURNE	T. C.				EAST S	EAST SUSSEX			$T_o$	Totals
	Sitting cases	cases	Centre (DPV)	(DPV)	Ambu	Ambulance	Sittin	Sitting cases	Centre (DPV)	(DPV)		
Per.	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
17,	17,230	57,979	11,048	13,549	984	9,159	4,656	24,792	1,886	4,817	43,179	147,708
16,	16,119	55,925	13,443	16,393	1,117	9,487	4,547	24,374	2,064	4,092	45,298	150,309
16,	16,027	55,386	11,006	16,821	1,247	0,870	4,890	26,148	2,530	4,100	43,741	151,217
19,	19,287	64,226	10,500	16,604	1,095	9,561	5,170	27,005	2,852	4,400	47,111	162,597
18,	18,684	57,756	10,586	15,883	1,273	10,953	6,172	33,348	2,573	4,460	47,381	160,818

The service is called upon to convey a large number of patients to and from the local railway station.

In the year under review 273 patients were transferred by rail.

## ORIGIN OF CALLS (EASTBOURNE AREA ONLY)

Origin of Calls		4	Ambulances	Si			Sitte	Sitting Case Cars	Cars	
	1964	1965	9961	2961	8961	1964	1962	9961	2961	8961
Emergency calls and street accidents Local Hospitals	1,176	1,123 2,782	1,295	1,523	1,542	39	$\frac{35}{1,221}$	1,188	45 1,157	1,009
Local Convalescent fromes General Medical Practitioners Maternity Homes	1,182	1,247	1,189	1,279	1,495	456	576	532	477	436
Nursing Homes Ministry of Pensions	74	33 26	108	100	31	13 263	36	12 250	18 292	200
Other Ambulance Authorities Mental Welfare Officers	88	19	22	44 20	38 78 78	183 20	148	116 19	409	76 414
Others	192	200	234	186	172	106	178	197	208	159
Constitution Const	155	137	158	164	210	339	298 824	358	317	315
Local Hospitals Royal Sussex County Hospital, Brighton	1,631	2,028	1,852	1,973	1,604	11,997	10,599	9,920	12,775	12,238 2,290
Total Calls	7,375	8,008	8,041	8,207	8,093	17,230	16,119	16,027	19,287	18,684
Mileage	37,412	40,036	38,892	40,801	38,418	57,979	55,925	55,386	64,299	57,756

### CARE AND AFTER CARE SERVICES

### A-Illness Generally

All the Services of the department including particularly Home Nursing, Domestic Help, Day Nursery and the assistance and advice of the Health Visitors and Mental Health Workers are freely available in all cases of illness.

### **B**—Provision of Recuperative Holidays

During the year eighteen persons were sent on recuperative holidays at a cost to the Authority of some £400. The beneficiaries fall into two main categories: those who have successfully overcome illness but need a period of rest to recuperate and those who need a break from an intolerable situation to prevent either physical or mental breakdown. The Department may arrange and finance the entire holiday including travelling expenses or, alternatively, may make all arrangements but pay only for accommodation or travelling. Help is given to approved cases usually on the recommendation of the general medical practitioner.

### C-Loan Equipment

The Loan Equipment Service, as is to be expected with the increase of work on the Home Nursing side, has also increased, especially for nursing aids for the very sick patient, such as air rings, bed pans, back rests, commodes. The equipment stock has gradually been added to over the year but difficulty is experienced in not having adequate storage space.

Rehabilitation equipment such as tripod walking sticks, toilet frames, raised toilet seats, elbow crutches have been considerably more in demand. It is rarely possible to have sufficient stock of Zimmer walking aids, as this equipment is on hire for long periods.

Protective clothing has shown an increase in demand. There are probably two reasons for this, one, the public have a better knowledge of the services available and secondly the previously bed-bound patient is helped to get up in a chair rather than lying in bed all day.

Wheelchairs continue to be a problem to satisfy the numerous calls for them, the lightweight wheelchair is required more frequently and the difficulty of keeping up supplies in the summer increases. During the winter months the same applies to the situation with regard to commodes.

The figures below indicate the growth of the Services:

Year	Articles loaned	Number of Patients	Articles loaned free of charge
1962	617	387	73
1963	723	522	106
1964	768	610	125
1965	924	701	150
1966	1,218	752	200
1967	1,506	871	219
1968	1,548	1,006	257

		Stock held	No. of times issued
Type of Equipment		31.12.68	in 1968
Air rings and Sorbo rin	gs	51	156
Arthritic ejector chair		1	4
Back rests		19	122
Bath rails		12	16
Bath boards		8	6
Bath seats		30	50
Bed pans		29	158
Bed pans (rubber)		9	5
Bed tables		3	3
Bed sides		1 pair	2
Bedsteads		8	14
Bed lifts		3	-
Bed rails		1 pair	1
Blankets		42	3
Commodes		43	265
Deck chairs		2	1
Elbow and wooden crus	tches	23 pairs	41
Feeding cups		25	20
Fracture boards (large a	and small)	33 sets of	3 28
Leg cradles	••	16	66
Mackintosh sheets		45	126
Mattresses (hair and flo		6	11
Mattresses (Sorbo and		12	8
Pillows (Dunlopillo)	F	2	2
Pillows (feather)		5	6
Pillowcases		24	16
Pulley (floor standing)		5	12
Pyjamas		6 pairs	_
Sheets (cotton, single)		15	18
Sheets (cotton, draw)		13	1
Sheets (flannelette)		4	_
Sputum mugs		17	2
Toilet aid frames		11	25
Toilet (Elsan)		5	3
Toilet seats (inflatable)		4	3
Toilet seats (raised)	••	13	21
Towels (huckaback)		32	
Towels (Turkish)		13	_
Tripod walking sticks		11	27
Urinals		39	119
Wheelchairs		19	92
Zimmer walking aids		E4	93
There are certain it		nment which has	

There are certain items of equipment which have been given to the Department at various times. These are issued free of charge.

### **D**—Voluntary Organisations

As mentioned in my previous reports there is a high level of voluntary activity in the town which supplements the statutory functions of the Local Authority and provides services outside the scope of the Council.

The specific services rendered by the voluntary bodies are enumerated elsewhere in this report but I would like to acknowledge the services rendered by the W.R.V.S., the Order of St. John, the British Red Cross, the Guardianship Society and N.S.P.C.C., the National Association for the Parents of Mentally Handicapped Children and other local and national organisations.

### E-Family Planning Service

The Authority makes grants and payments in respect of the work of the Clinic on behalf of Eastbourne residents totalling approximately £500 per annum, and in addition supplies accommodation with ancillary services and some equipment for use in the clinic.

Sessions are held on Thursday afternoons and evenings and Monday afternoons. A local authority Medical Officer attends the Monday I.U.D. Clinic by arrangement with the Family Planning Clinic. Again in conjunction with the authority a docimiliary service is provided for mothers who cannot readily attend the clinic.

The Hon. Secretary reports as follows:

Total New Patients: 530 of whom 314 were from Eastbourne.

County Borough of Eastbourne Grant. Our medical staff recommended 58 Eastbourne patients to be assisted by this Grant.

Domiciliary Service. The total patients seen were 60, of whom 10 were new patients. Total visits made, 136. Pregnancies 1 (in a patient who refused help, but accepted after delivery).

On the Problem Family Register there are 26 mothers who have received domiciliary Family Planning help. The pregnancy rate is therefore nil, compared with a 9 per cent. unwanted pregnancy rate in the 54 problem family mothers who have *not* received domiciliary Family Planning help.

General Remarks. This Clinic now employs four doctors, and four nurses, all specially trained for Family Planning service. In addition, there is a part-time paid Clinic Organiser, as well as twenty voluntary Lay-workers, of whom four are needed to man each Clinic session.

During 1968 there have been 102 Clinic sessions on Thursday afternoons and evenings weekly, and 49 I.U.D. sessions on Mondays. The Thursday evening sessions employ two doctors and two nurses, and the Thursday afternoon sessions, one doctor full-time, and a second doctor half-time, as well as two nurses. The I.U.D. sessions employ one doctor and one nurse.

A Marital Difficulty session is held once monthly on the third Thursday morning, and is run by the Sussex County Branch, Family Planning Association, the Marital Difficulty session being one of two such clinics covering East and West Sussex respectively.

### F-Sitter-in Service

The year 1968 again shows how important the Night Sitting Service is to the patients, relatives and Nursing Staff. We are very fortunate in having a number of ladies so willing to help out on an occasional basis, they have always helped loyally, many times at very short notice and have sat up at night, often in most uncomfortable circumstances.

In November, In-Service Training was arranged for the night sitters and auxiliaries by the senior nurse, giving a short overall picture of the basic nursing care and types of illnesses they might encounter during their work; this is followed up with a talk by other members of the Health Team every two months, so giving the night sitter a place as an important member of the Health Team.

From the Table below the continual increase in the work during the night emphasises the fact that relatives cannot nurse day and night continuously and help is required until a hospital bed is available or the patient dies and also many patients in Eastbourne are living entirely alone.

		1965	1966	1967	1968
Households		 85	97	138	141
Nights		 380	279	426	453
Days		 154	39	105	50
Number of	sitters used	 25	20	15	18
Private nurs	ses used	 3	1	1	_

We again made use of the Marie Curie Night Nursing Service for patients suffering from various forms of malignancy and are very grateful for this Service.

### **G**—Tuberculosis

NOTIFICATION REGISTER

		Respi	ratory	Non-Re	spiratory	Tc	otal
		Males	Females	Males	Females	Males	Females
On Register		. = 0					
1st January, 1968	• •	178	124	15	16	193	140
Add:		2	4		2	2	2
Notifications Transfers	• •	3 5	1	_	1	3 5	3 7
Posthumous	• •	3	0	_	1	3	,
Notifications		1	_	_	_	1	_
Found on Death	••	•				•	
Return		_	_	_	_	_	_
					<del></del>		
		187	131	15	19	202	150
Less:							
Deaths		1	_	_	2	1	2
Left Town		5 7	-	_	-	5	-
Arrested		7	3	-	-	7	3
		13	3	_	2	13	5
ON REGISTER							
31st December, 19	68	174	128	15	17	189	145

### Age Grouping of New Cases

Age Groups			iratory Females	Non-Res Males	piratory Females	To Males I	
0-5	 	-	_	-	_	_	-
5-10	 	-	_	-	-	-	-
10–15	 	-	-	-	-	-	-
15–25	 	-	1	-	-	-	1
25-45	 	2	_	_	1	2	1
45-65	 	1	_	-	_	1	-
Over 65	 	-	-	-	1	_	1
	_	3	1	-	2	3	3

The Registrar General's return of causes of death indicates that there were no deaths from tuberculosis in 1968.

Extra nourishment granted to persons suffering from tuberculosis: Liquid milk—

Quantity supplied .. 5,257 pints Number of cases assisted .. 18

### B.C.G. VACCINATION

This work is undertaken by the school medical and nursing staff of the department for school children over 13 years and for pupils at Further Education establishments and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

Number of persons vaccinated are as follows:

A—Contact Scheme (carried out by the Chest Physician)

Age g	roups—
-------	--------

Under 5 years	 	 22
5-15 years	 	 15
Over 15 years	 	 6

B—School Children Scheme (carried out by the medical and nursing staff of this department)

(i)	Number ski	n tested		 554
(ii)	Number for	ınd negat	ive	 538
	Number va			538

### C—Students Attending Further Education Establishments

(i)	Number skin tested	 29
	Number found negative	 20
(iii)	Number vaccinated	 20

### MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. B. G. Rigden paid regular visits to Eastbourne for the prime purpose of examining patients referred by general practitioners. New staff of Local Authority Departments were asked to attend for X-ray if the scrutiny of their completed medical statement form indicated it, as were other employees medically examined for other purposes. Reproduced below is an extract from the Annual Report for 1967 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1968 figures are not yet available.

			17	4	461
	Total abnormalities	-	2	244	
	Total normali	F.	105	120	225
	abı	M.	112	124	236
	r ties	T.	206	230	436
	All other abnormalities	F. T.	102	115	217
	A $abn$	M.	3 104 102 206 112 105 217	4 115 115 230 124 120	7 219 217 436
S	ul 1a	T.	3	4	7
Findings	Bronchial Carcinoma	F.	ı	1	1
I	Ca	M.	3 3	4	7
	ring ul ision	F. $T.$ $M.$ $F.$ $T.$ $M.$	3	4	7
	T.B. requiring occasional clinic supervision	F.	1	2	3
	T.B. oc clinic	M.	2	2	4
	ring close nision	T.	S	9	11
	T.B. requiring treatment or close clinic supervision	F.	2	62	5
	T.B treath climic	M.	3	33	9
	nined	Total	724	4,793	5,517
	No. of Numbers examined Visits	Male Female Total M. F.	326 398	17 2,058 2,735 4,793	28 2,384 3,133 5,517
	Numb	Male	326	2,058	2,384
	No. of Visits		11	17	28
			Doctors Referrals	Other Examiners	Total

### H-Chiropody Service

The Local Authority operated chiropody service commenced operation in 1960. Since that time it has shown a steady growth rate which is more precisely indicated by the table printed below. This is an important service because it not only relieves pain but enables a fuller life to be enjoyed once mobility is restored.

Apart from the regular sessions held at Clinics and Old People's Homes domiciliary visits were also arranged. Transport to Clinics was provided in certain cases. The elderly and handicapped are the main recipients of the service, although school children received treatment when necessary. The standard charge remained unchanged at 9s. for two feet and 6s. for one foot treated. The majority of patients are eligible for free treatment. The remainder are either assessed to pay according to their means or elect to pay the full charge.

There is of course no charge for the residents of the Authority's Homes or for school children. Of the number of cases treated, assessments were as follows:

Free to scale			 	767
Scale charge			 	7
Full Cost			 	422
Special cases-	_			
Free			 	-
Charged			 	_
Total at Dece	mber,	1968	 	1,196*

<sup>\*577</sup> of whom were in receipt of Social Security supplement

				At Auth	ority Cli	nics			Old Persons	Chiro- podists
			Agea	Persons			Schoole	hildren	Homes	employed
Year	No. on books at 31st Dec.	Increase on previous year	Cases	No. of treat- ments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domi- ciliary visits	No. treated	No. of treat- ments	No. of sessions	Full-time equivalent
1960 1961 1962 1963 1964 1965 1966 1967 1968	300 400 450 550 633 741 896 1,048 1,196	100 50 100 83 108 155 152 148	150 160 180 181 315 238 317 371	2,293 2,621 2,960 3,062 4,282 5,222 6,102 6,464	347 391 458 525 659 727 834 894	100 126 145 170 272 399 504 650	80 44 32 20 27 42 38 32	173 126 111 76 128 206 117 119	86 57 78 71 103 97 131 145	- 1·0 1·0 1·2 1·2 2·0 2·0 2·5 2·5

### I-Incontinence Pads Service

The increasing number of aged persons in the area requiring community care is also indicated by an increase of over 50 per cent in the total of incontinence pads issued in 1968 compared with the previous year.

### PADS ISSUED

1064

1701 .	 1,200
1965 .	 2,000
1966 .	 2,946
1967 .	 6,016 plus 37 protective garments
1068	9.204 plus 39 protective garments

1.200

Incontinence pads are issued from the Department on the recommendation of the nurse or general practitioner.

### DISPOSAL

In the majority of instances disposal is effected within the confines of the home. Where there are excessive numbers of pads for disposal or grossly soiled pads, arrangements are made by the department for their collection and disposal at the Refuse Disposal Works.

### J-Laundry Service for Incontinent Patients

This service has now been in existence for six years. During this time the demand has risen from 3,022 articles in 1963 to 20,246 in 1968. The increase is partly due to the extension of the service to include three of the Old People's Homes where it is proving to be of extreme value in view of the increasing number of incontinent cases in the Homes.

### HOME HELP SERVICE

The Home Help Organiser reports:

The trend in increased demand for the services of a Home Help continued throughout the year, and there was a sharp increase in the number of elderly people requiring daily attention. This situation coincided with a decline in the recruitment of suitable Home Helps.

In a service which calls for good quality workers of understanding personality there must always be difficulty regarding recruitment, particularly in a town where local industries absorb a good deal of part time labour, but it is hoped that inducements in the form of fringe benefits in the coming year will help considerably in the matter. It is possible that we shall need to look in other directions for suitable helpers, *i.e.* women with children who need to have school holidays at home, younger people (we have already engaged several much younger people with some success) and possibly men of earlier retirement age. For the present we have a good band of older women who have served the department most loyally for many years, supplemented by those who stay in the work for a few months at a time.

It has never been necessary to leave any urgent case without help but unfortunately many have had to manage with less time than really needed in order to meet emergencies. It is interesting to note the increase in those able to pay the standard charge, reflecting the difficulty of obtaining private help. The following tables provide an indication of the work performed during the year:

	1964	1965	1966	1967	1968
No. of cases assisted Average hours help per case per	647	708	787	823	885
annum	86.5	86.4	93-4	84.7	75.4
Helps No. of part-time Helps as at 31st	55,985	57,184	66,101	71,161	66,735
December	47	55	63	64	55
Home Helps employed for year	25.5	26.2	32.32	33.54	32.08

### CATEGORIES OF PATIENTS

Categories of Patients				Totals	
	Under 65	Over 65	1968	1967	1966
Mental Illness Maternity	59 2 23 74	680 7 0 40	739 9 23 114	686 10 38 89	646 6 31 104
	158	727	885	823	787

### DETAILS OF CHARGES

	1968
Standard charge. Voluntary or assessed	404
(Persons at or below Supplementary Assist-	
ance Level). No charge made	460
Special Cases of Hardship—	
Assessed to pay reduced charge	89
Free	32
	885

### MENTAL HEALTH SERVICE

### General

During the year considerable changes have taken place in the internal administration of the service. The main changes are that the Mental Health and Welfare Sections, hitherto integrated under a joint heading, have become largely separated one from the other, and an administrative assistant has been seconded from the Management Services Section to co-ordinate the work of both Sections. The new arrangement will undoubtedly provide a basis for a much more effective service in both fields.

### Community Care

The number of patients admitted to hospitals from the Eastbourne administrative area during 1968 with the active assistance of the Mental Welfare Officers, increased from 56 in 1967 to 77 in 1968. However, there is little change in the overall number of persons undergoing in-patient treatment. The Department's officers only deal with a proportion of the admissions, many entering hospital informally without their help. Similarly, the number of new referrals and attendances at the Out-Patient Clinic has not varied significantly over the previous year.

Supportive care to persons "at risk" in the community and following discharge from hospital has continued actively throughout the year and participation in the running of the Out-Patient Clinic, whence many of these patients are referred for care, has been to the mutual benefit of the patient and the Local Authority and Hospital Staffs. It should also be recorded that officers have attended frequent clinical meetings at Hellingly Hospital and a week-end seminar held there, to which they were invited.

"The Yews" Hostel has remained almost full throughout the year. Of the thirteen women in residence at the end of 1968, ten were usefully occupied, either in normal employment or at the Salehurst Road Training Centre. The remaining three are all elderly and, vacancies permitting, would probably be transferred to Welfare type accommodation.

There is little change to report with regard to the Mentally Subnormal and Severely Subnormal. It is encouraging, however, to note that the potential of this type of patient, hitherto largely undeveloped, is now being realised to a greater degree. As a result, the amount of useful effort now gained from them, either in normal employment or at the Salehurst Road Centre, is most satisfactory and of importance to patients and community alike. As the benefits of the early training received at Hazel Court Junior Training School are felt by those coming up to "school-leaving age", it is certainly to be anticipated that this trend will continue and improve.

Thanks must be rendered to our neighbouring Authority, East Sussex County Council, for their co-operation in the many activities in which, in the field of mental health, we jointly take part. Thanks also to the Consultants and staff of Hellingly Hospital for their share in establishing closer links with us. Commendation is also due to the Police who, on those occasions when the law requires their presence for the purpose of entering premises in connection with Section 135 of the Mental Health Act, always prove both tactful and helpful.

Finally, a special mention should perhaps be made of the work of the Society for Mentally Handicapped Children, whose local branch has shown such great interest in the activities of the Training Centres and whose beneficence in providing items for the Centres which supplement equipment provided from official funds is fully appreciated, not least by the staffs of the Centres.

### Mental Illness

### HOSPITAL CARE

Mental Health Act,	1950		Males	Females	Total
Section 5 (informal)			5	23	28
Section 25 (Observation,	28 days)		9	26	35
Section 26 (Treatment)			3	3	6
Section 29 (Observation in					ŭ
3 days)		٠,,	3	5	8
Section 135 (Justices Wa	arrant: Pla	ace			
of Safety, 72 hours)			_	3	3
			_	_	_
			20	60	80
			_	_	_
DISPOSAL OF PATIENTS					
Hospital			Males	Females	Total
TT 111 1					
Hellingly			19	51	70
Hellingly St. Mary's, Eastbourne			19 -	51 1	70 1
St. Mary's, Eastbourne Amberstone			19 - 1	51 1 4	1
St. Mary's, Eastbourne			19 - 1 -	51 1 4 1	70 1 5
St. Mary's, Eastbourne Amberstone		• • • • • • • • • • • • • • • • • • • •	19 - 1 -	51 1 4 1	1
St. Mary's, Eastbourne Amberstone		• •	19 - 1 - - 20	51 1 4 1 ———————————————————————————————	1
St. Mary's, Eastbourne Amberstone		• • • • • • • • • • • • • • • • • • • •	1 -	1 4 1	1 5 1
St. Mary's, Eastbourne Amberstone		• • • • • • • • • • • • • • • • • • • •	1 -	1 4 1	1 5 1

In addition to the 77 patients admitted to hospitals during 1968, seven persons were returned from leave of absence by the Mental Welfare Officers at the request of the hospital authorities.

### Care and After Care

27 males and 96 females were referred to the department's officers for supportive care. Including cases continuing from the previous year, a total of 49 men and 115 women received care.

### "The Yews" Hostel for Women

In residence 1st January, 1968	 	 10
Admitted during year	 	 8
Discharged—		
To private accommodation	 	 2
To residential employment	 	 2
To psychiatric hospital	 	 1
In residence at end of year	 	 13

### THE SUBNORMAL AND SEVERELY SUBNORMAL

### Males

Five new cases were notified, all having moved into the area.

Four were removed from the Register, one having died and three having left the area.

### **Females**

One new case was notified, having moved into the area. Three cases were removed from the Register, one having left the area and two having died.

### Position at the end of 1968

			Males	Females
			. 50	31
In hospitals and homes	at	Local Authorit	y	
expense			. 3	3
In the care of the Guardia	nshi	ip Society at Loc	al	
Authority expense		·		4
TT 1			. 47	46
			100	84

Of the 93 cases under supervision in the community, 16 males and 12 females are in outside employment.

### Hospital Waiting List

No patient was on the waiting list for permanent care at the end of the year.

### Short-Term Care

Seven patients were received into short-term care during the year, two into hospital, one to the Guardianship Society, two to Hazel Court Hostel and two to accommodation provided under Part III of the National Assistance Act.

### Training Centres and Hostels

	Days Open	Total Attendances		East	31.12.68 Other Authorities
Salehurst Road (Adult Centre)	228	5,376	20	11	_
Hazel Court Junior Train- ing School Hazel Court Hostel	194 193	9,864 2,399	26 6	31 7	<u>1</u>

### HAZEL COURT JUNIOR TRAINING SCHOOL

### Report of the Principal, Miss E. Burns

The year 1968 has shown continuing progress and development.

We have been experimenting with the "Language Master" machines all throughout 1968. We now have five of these which were donated by friends of the school, and so have been able to include each

group in the experiment. We have concluded that they are useful in providing stimulus for the timid non-talker and whisperers, and the ability to operate them is giving a tremendous boost to self-confidence, and stretching the concentration span.

The Mayor and Mayoress (Councillor and Mrs. C. G. Scott) attended the Sports Day, as did many other distinguished visitors—some from the sphere of education who were most warm in their praise of the standard reached in the varied events.

A special feature of 1968 were our class educational outings:

Eastbourne Fire Station: We took three different groups on this outing which was a tremendous success from the point of providing stimuli for speech conversation and general knowledge. I feel I must pay tribute to the members of the Fire Brigade, who really put themselves out to the extreme, in demonstration work for the children's benefit. The children reciprocated with "Thank You" letters and paintings of the Fire Station, duly delivered to the firemen staff.

Farm Visit: To discover where the milk we are so fond of, comes from, the children watched the milking process, and also toured the farm animals in pens and fields, etc. Here again we had good co-operation from a farmer at Herstmonceux.

South Coast Dairies, Milk Depot: As a follow-up to the farm visit we were able to go to the South Coast Dairies in Eastbourne in two separate parties. Here again the hospitality and efforts on the part of the staff to break down the information to the children's level of understanding, was really wonderful. The visit did much to widen the interest and quicken the general awareness of life within the community.

Train Outing to Normans' Bay by Class 1. The aim of which was to discover other means of transport as different from "Daddy's car", and to learn proper community behaviour on public transport. Once more, we found that public servants were only too willing to co-operate.

We are extremely grateful to all these busy people for their gracious co-operation.

### EASTBOURNE WORK AND OCCUPATION CENTRE

### Report of the Manager, Mr. G. E. Townsend

After the winter holiday, 1968 commenced with 28 trainees on the register. During the year this number increased to 32 which included an intake of 2 trainees from Hazel Court Junior Training Centre.

Part of their training continued on similar lines to that used at Hazel Court and with the gradual introduction of an adult atmosphere, these two trainees quickly settled down and are now very usefully trained and employed at Salehurst Road.

Industrial work for Armour Pharmaceutical Company continued and during the year 271,500 units of work were completed and it is interesting to note that 90 per cent of this work was exported worldwide.

Depending on the type of work available, as many as 25 trainees received payment in one week.

During this period, a more intricate type of work was undertaken and this proved to be of great assistance for the improvement of concentration.

Carpentry continued three mornings each week. A large number of folding bath seats were produced for use in hospitals, Homes for the Elderly Citizens and by the Home Nursing Service.

Three trainees were instructed in the repair of upholstery with very good results. Such items as office chairs and waiting room settees were renovated in rexine and leather.

Cooking on the premises during the closure of the School Meals Service proved beneficial to the young lady trainees who assisted in the kitchen.

In general, the health of all trainees and staff was exceptionally good, and I am of the opinion that 1968 was a good year for the Adult Occupation/Training Centre.

### SECTION C

### WELFARE SERVICES

Once again the need of the elderly is the pressing problem in all fields of Welfare, and the statement that our percentage of persons of pensionable age is the highest of any Local Health Authority in the country has not been challenged.

All members of the Section and in particular those in contact with the public, carry on their duties considerably frustrated by the deficiency in facilities such as residential accommodation, meals on wheels, home helps, etc. These deficiencies in the service arise substantially from the current era of national financial stringency and the difficulty in recruiting and retaining suitable staffs, particularly home helps and in our residential establishments.

Mention was made in the last report of inadequate interview facilities, as a result of alterations at the office these have to some extent been improved.

### Geriatric Services

(a) Residential. At the time of compiling this report, Firwood House, Brassey Avenue, the latest purpose-built Home has opened to receive residents. It is some indication of the staffing problem that due to deficiency the full quota of residents could not be accepted three months after opening. Once again one notes that despite the new Home the urgent waiting list remains at a very high figure.

The story of frailty and infirmity in residents continues. Tribute must once again be paid to all staff and in particular senior officers. There is no question that the work is not exacting and at times distasteful. I am afraid it must be accepted that some at least of the residents cannot be described as "dear old souls".

In order to concentrate problems and help the residents in other Homes, it is proposed for the current year to place the senile confused and anti-social cases in one Home. A report on this will be submitted in due course.

- (b) Day Centre. The day centre provided in conjunction with Firwood House is due to open at the end of August of the current year. It is hoped that this will provide relief for some hard-pressed relatives and indeed to some elderly persons waiting for permanent admission.
- (c) Community. It is regretted that the proposed handicapped centre remains in the schedule of schemes not identified with a particular year. However, at the time of writing this report there are once again possibilities of a site, and one can only hope that this may come to fruition.

The Social Workers including the Geriatric Health Visitors continue to keep a watch on the "at risk" cases and to cope with the many problems associated with old persons in their own home. While appreciation must be expressed of the unselfish and devoted care of many relatives, it must also be admitted that there are some who are only too keen to unload all their responsibilities and problems on the hard-pressed welfare officer.

### Residential Accommodation—Section 21 (i) (a) (National Assistance Act 1948)

Figures for the year were as follows:

1. CAVENDISH LODGE (26 beds)

1. CAVENDISH LODGE (20 Deus)					
` ′				Men	!
On 31st December, 1967				26	
Admitted during the year		••	••	13	
		• •	• •		
Discharged during the year		• •	• •	11	
Died	• •	• •	• •	3	
On 31st December, 1968		• •		25	
2. Trevin Towers (45 beds)				Men	Women
On 31st December, 1967				9	36
Admitted during the year				11	27
Discharged during the year		• •	• •	9	22
		• •	• •	2	5
	• •	• •	• •	9	36
On 31st December, 1968	• •	• •	• •		
3. Staveley Court (57 beds)				Wome	en
On 31st December, 1967				54	
Admitted during the year				40	
Discharged during the year				26	
Diad .		••	• •	13	
	• •	• •	• •	55	
On 31st December, 1968	••	• •	• •	33	
4. St. Anthony's Court (50)	beds)			Men	Women
On 31st December, 1967				10	38
				20	35
Discharged during the year				17	30
Died				2	5
On 31st December, 1968	• •	• •		11	38
On Sist December, 1906	• •	• •		11	30

5. WILLOUGHBY COURT (50 beds)			Men	Women
			11	37
On 31st December, 1967	• •	• •	7.7	
Admitted during the year	• •	• •	13	35
Discharged during the year	• •	• •	12	27
Died	• •	• •	2	6
On 31st December, 1968	• •	• •	10	39
6. Parker House (57 beds)			Men	Women
On 31st December, 1967			6	48
Admitted during the year			4	36
Discharged during the year			4	31
Died			1	2
On 31st December, 1968			5	51
7. VOLUNTARY HOMES			Men	Women
Salvation Army Home, Hassocks			_	1
Salvation Army Home, Westgate			_	ī
Royal Hospital and Home for Incura	ables			î
Papworth Village Settlement	10100	• •	1	_
The Dell, Oulton Broad	••	• •	_	1
Grosvenor House (Crossways Trust)	٠.	• •	1	2
Sussex House, St. Leonards-on-Sea	•	• •	1	1
Chalfont Colony		• •	_	1
St. Joseph's Convent, Brighton	••	• •		2
Bernard Baron Homes	• •	• •	1	1
	• •	• •	1	2
Greenway Methodist Home	• •	• •	_	$\frac{2}{2}$
Holy Cross Priory	• •	• •	_	1
W.R.V.S. Home, Croxley Green	• •	• •	1	1
British Legion Home, Brecon	• •	• •	1	_ 1
Royal Alfred Ladies Home	• •	• •	1	1
Kings Down, Hadley Green	• •	• •	1	
Ardath, Bexhill-on-Sea	• •	• •	1	1
Nazareth House, Bexhill-on-Sea	• •	• •	1	1
Searchlight Cripples, Newhaven	• •	• •	1	_
Callow Brook, Birmingham	• •	• •	_	1
Yatley Industrial	• •	• •	_	1
Westminster House, Teddington	• •	• •	1	_
Elim Eventide Home	• •	• •	_	2
Seven Springs Cheshire Home	• •	• •	_	1
Also resident during period:			Men	Women
Searchlight Cripples, Newhaven			1	
W.R.V.S. Oaklands, Hove			-	1
Eothen Homes, Sutton			-	1
St. Elizabeth's, Seaford			_	1
Sussex House, St. Leonards-on-Sea			1	
Holy Cross Priory, Ascot				1
Merlyn House, Southampton			1	-
W.R.V.S., Crabhill, Redhill				1
Seven Springs Cheshire Home			_	1
Bernard Baron Cottage Home			1	-
David Lewis Colony			1	-
<u> </u>				

8. Other Local Authority Homes			Men	Women
			111011	· · · · · · ·
London Borough of Camden	• •	• •	-	1
East Sussex County Council		• •	-	1
9. Resident During the Year			Men	Women
Surrey County Council			_	1
Berkshire County Council			_	ī
		• •		•
10. Resident in Voluntary Homes Duri	NG THE Y	EAR	Men	Women
Searchlight Cripples, Newhaven			1	_
W.R.V.S., Oaklands, Hove			_	1
Eothen Homes, Sutton			_	ī
St. Elizabeth's, Seaford			_	ī
Sussex House, St. Leonards-on-Sea	•		1	_
Holy Cross Priory, Ascot			_	1
Merlyn House, Southampton			1	_
W.R.V.S., Crabhill, Redhill	• •	• •	_	1
Seven Springs Cheshire Home	• •	• •	_	î
Bernard Baron Homes, Polegate	••	• •	1	_
David Lewis Colony		• •	î	_
Buvia Bewis Colony	••	• •	•	
THE FOLLOWING HAVE BEEN MAINTAINED	AT COST	r or		
OTHER AUTHORITIES	AI COS.	OF	Men	Women
OTHER AUTHORITIES			wien	women
Hampshire County Council			1	_
Norfolk County Council			_	1
Kent County Čouncil			_	2
East Sussex County Council			_	2
London Borough of Westminster			-	
Surrey County Council			_	3
London Borough of Tower Hamlets	3		-	1

### Accommodation for the Temporarily Homeless Section 21 (i) (b)

The Knowle, Oak Tree Lane, continued in the care of the Children's Department with one room officially reserved for cases of legal responsibility under section.

### Handicapped Persons—Section 29

### (a) BLIND PERSONS

(i) Incidence of Blindness—During the year 72 B.D.8 forms for new cases were received; of these, 52 were registered as blind within the meaning of the Act, and 20 as partially sighted.

The recommendations for treatment were mainly medical and hospital supervision.

### (ii) Registration-

Total at 31st December, 19	67			235
Registered during year				52
Died during year				29
Transfers from other areas				5
Transferred to other areas				5
Total at 31st December, 19	68			258
		Males	Females	Total
Under 5 years		1	_	1
Between 5 and 15 years		î	2	3
Between 15 and 30 years	•	î	_	1

	Maies	1 emaies	1 orar
Under 5 years	 1	_	1
Between 5 and 15 years	 1	2	3
Between 15 and 30 years	 1	_	1
Between 30 and 50 years	 11	6	17
Between 50 and 70 years	 22	27	49
70 years and over	 60	128	188
	—		
	93	142	235
	_		

(iii) *Home Workers*—Two blind men were included in the Home Workers' Scheme of the National Institute for the Blind, one as a basket-maker and one elocution and speech therapist.

Handicrafts. A weekly class with an average of 18 was held in the Social Centre for the Blind.

Braille and Moon lessons by domiciliary visits were given as required.

### (b) PARTIALLY SIGHTED PERSONS

The Council's scheme provides that the services for the blind shall also be generally available for the partially sighted. At the end of the year there were 86 partially sighted persons on the Register—20 males and 66 females.

### (c) DEAF AND DUMB

The Chichester Diocesan Association for the Deaf and Dumb remain as the Council's Agents. The Assistant Missioner resident at Hastings continues to supervise Eastbourne cases, also acting as interpreter with sign language where required. It is regretted that no local club is available though facilities exist for local registered deaf to visit the club at Hastings. The total on the register at the end of the year was 21 (10 males, 11 females).

### (d) HARD OF HEARING

With 51 persons on the Local Authority Register, the Eastbourne and District Hard of Hearing Association continues to provide an excellent service for a much larger number of persons with impaired hearing. Tribute must be paid to the work of the Association and in

particular to its hard working Honorary Secretary who reports as follows:

"Visitors to the homebound have been useful in checking hearing aids and taking action where necessary. This service could be greatly extended but finding suitable people to become Voluntary Visitors is not easy. During the year a small team of ten visitors made 336 visits.

Transport of infirm people to meetings of the Social Club has been very helpful and two Mini-buses are now used regularly.

Project 'Vision Unlimited' was started. This is a scheme to give a subscription to a newspaper or magazine to anyone local who has become deaf with speech after school-leaving age. This helps to give mental stimulus to a group of people who are restricted (not hearing the human voice) from general conversation, radio, sound of television, etc.

We are grateful to the group of young people who have taken a special interest in the Association during the year. One House of the Girls' High School has made this their special project and they have helped in many ways, including visits to a long-stay hospital on our behalf and the decoration of the Church Hall for the Special Carol Service, held at St. Richard's Church, Langney. This was very well attended in spite of bad weather.

The R.N.I.D. have given assistance to several people from their Television for the Deaf Fund. Advice has been given on ancillary equipment and financial help in several cases.

At the Association's suggestion two 'Communicators' are now available to the Eastbourne Hospitals for patients with partial hearing. One of these is for use in the Out-patients' Department at the Princess Alice Memorial Hospital.

At least once a year a meeting is arranged for one special group of the public. This year the Executive and Club Committees welcomed a large number of hospital staff, nurses, doctors, auxiliary staff and students and staff from Hellingly Hospital to Downside Hospital. Two films were shown, one entitled Silent World—Muffled World, borrowed from Glasgow. The interesting afternoon helped to focus attention on overcoming hearing impairment and we are grateful to Miss Rudd, Matron, for providing accommodation and refreshments.

The Social Club has continued to be popular and has done much to help create friendships which can defeat the isolation of deafness."

### (e) Physically Handicapped

So far as the Local Authority is concerned the number of cases, excluding those under 16, on the register at the end of the year was 182, Disability Groups being as follows:

			6
			60
			6
ito-urir	nary system	ns: of	
tem: of	the respir	atory	
losis):	and of the	skin	22
f the u	pper and l	ower	
			18
			51
			Nil
			3
			16
			182
	tem: of closis): nk, inju f the u	ito-urinary system tem: of the respir closis): and of the nk, injuries or dis f the upper and l	ito-urinary systems: of tem: of the respiratory closis): and of the skin nk, injuries or diseases f the upper and lower

The Association Secretary reports as follows:

The Eastbourne Association for the Disabled had 193 disabled people on its register at the end of 1968.

During the year a total of 1,240 visits were made to members by the Association's 37 voluntary visitors, the Case Secretary and the Handicraft Teacher. These visits, invariably supplementing those made by the staff of the Health Department are valuable, particularly in so far as they help to maintain a link between the often housebound disabled person and the outside world. There is also sometimes an advantage in visiting on a non-official basis from voluntary choice.

The Handicraft Class, held on Tuesday mornings, continued with a maximum membership of 22. The Craft Teacher was employed by the Association for an additional day per month, to cope with the increasing need for tuition to housebound disabled. All the work is made for sale through the Craft Shop in Lewes and this adds impetus and purpose to the work done, in addition to its value as therapy and the opportunity of getting out of the house for one morning each week.

During the year the grant made to the Association by the Local Authority was increased. This grant was supplemented by the Executive Committee's various fund-raising efforts, which resulted in a total of £284 over the year. As in previous years, extra fuel was provided for some members during the winter, help was given towards the installation of a telephone for a severely handicapped member, television licences were supplied and grants were made towards holidays, transport often being provided as well. Free loans were made to members of wheelchairs, "helping hand" gadgets, heaters, radio sets, etc.

In 1968 the Association began reserving a room for the whole of June at a private house in Worthing, owned by a trained nurse. Four members were sent for a week and this proved to be a great success, providing a much-needed change both for the disabled and their families. It is hoped to continue this arrangement each year.

During the year two outings were organised to the Congress Theatre and a Summer outing to Glynde Place was held in September.

Local Authority Assistance with Alterations—This service continued to be of paramount importance to enable handicapped persons to lead an independent existence. During the year 21 individuals were assisted at a total cost to this Authority of £630.

### (f) Epileptics

Once again it must be admitted that the Department does not know the real need as it is undisclosed. In regard to individual cases, close liaison is maintained with the Department of Employment and Productivity and the Probation Service, also the Youth Employment Officer. One residential case continued to be provided for in Chalfont Colony.

### Old People's Organisations

MEALS ON WHEELS

It is interesting to note that though difficulty was experienced during the Winter with the waiting list, and at the time of writing this report due to the preparation of meals at Staveley Court distributed by the Home Help Service, the waiting list has been reduced to an insignificant number. Thanks must once again be expressed to the W.R.V.S. for running this admirable service. During the year 25,303 meals were supplied—an average of 98 per day—at a cost to this Authority of £366 13s. 4d.

*Note:* This is a subsidy of 3d. for each meal, plus such additional sum as an individual case may be required.

In addition 1,134 meals were supplied from a residential Home and delivered to an adjoining group of flatlets for old persons by the Home Help Service.

EASTBOURNE OLD PEOPLE'S WELFARE COUNCIL

Whilst once again paying tribute to the work of many of the representative bodies, it is regretted that it cannot be reasonably said that this body provides the focus of local work for the elderly so far as voluntary bodies are concerned.

### Registration of Homes-Section 37

During the year there were 5 registrations and 4 cancellations and at the end of the year 26 Homes were providing 294 beds. It is regrettably true that the regulations under the Building Byelaws tend to dissuade possible applicants from registration on cost grounds.

### Care of Property-Section 48

The work under this section continues to use a considerable amount of staff time. At the end of the year the property of 36 persons was in care.

### **Burials**

During the year 3 cremations and 9 burials were arranged at a total cost of £377 1s., of which £318 14s. was recovered.

### Occupational Therapy

The number of new patients referred for occupational therapy has increased this year, also there is an increase in the total number of visits made.

Equipment for use by the disabled has been in greater demand than ever, and the majority of visits to homebound patients has been to ascertain specific aids and adaptations necessary.

It is felt that more residents in the Part III Homes should participate in the handicraft and/or social sessions provided, but there remain some not willing to do so. There were, however, excellent results from those who entered the East Sussex Handicraft Exhibition, many awards being gained by those in the "over 85 years old" class.

The work of the Occupational Therapist and her Assistants is summarised below:

### Visits to Part III Homes:

Trevin Towers				 47
Willoughby Court				 50
Staveley Court				 50
Parker House				 75
New patients for do	miciliary v	vork		 40
Total number of vis			atients	 275

### SECTION D

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

### **Notifications**

The pattern of the reported incidence of notifiable infectious diseases remains remarkably and consistently low from year to year, the main variant being a higher incidence of measles in alternate years, 1968 being a "low" year.

Isolated single cases of dysentery and acute poliomyelitis occurred but there were no reported cases of food poisoning.

### Notifications of Infectious Diseases (Corrected)

Notifiable Disease		All ages	0-5	5-15	15-45	45-65	65 and over	Unknown
Scarlet Fever		15	5	6	4	-	- 1	-
Whooping Cough		3	2	1	_	- 1		_
Measles		185	116	65	3	1	nu-s	_
Tuberculosis (Respiratory)		4	_	_	3	-	1	_
Tuberculosis (Other)		1	_	_	1	_	_	
Acute Poliomyelitis		1		_	_	1	_	_
Dysentry		1	-	-	1	_	-	_
Totals	• •	210	123	72	12	2	1	-

### Medical Arrangements for Long-Stay Immigrants

In accordance with the Ministry of Health Circular 3/65 dated 4th January, 1965, notification of entry into this country is received from the port of entry Authority of long-stay immigrants who intend to reside in Eastbourne.

Details are given below of the notifications received and the number of successful contacts in 1968. It should be noted that the Eastbourne Hospitals Group, in co-operation with this department, made their own contacts with immigrants employed by them.

Long Stay Immigrants					
Notification of arrival		• •		• •	70
COUNTRY OF ORIGIN					
Commonwealth Countri	es:				
Pakistan					1
Other Asian					3
African					1
Other					2
Non-Commonwealth Co	ountries:				
European					43
Other					20
					70
Successful contacts ma	de by:				
Public Health Ins	pectors				24
Health Visitors					15
Eastbourne Colleg			• •	• •	6
Eastbourne Hospit	tals				22
			Total		67
			ı otai	• •	07

### Public Health Laboratory Service

Pathology investigations were carried out on behalf of the department at Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson, and by Dr. D. C. Taylor and Dr. J. Surtees, pathologists to the Eastbourne Hospital Management Committee, to whom acknowledgement is given for their ready assistance and cooperation at all times.

### Venereal Diseases

Information was supplied to the department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Hospital—Mondays for women and children, and Wednesdays for men.

New cases attending the centre from the Hospital Catchment Area are shown in the table below. The figures in brackets relate to 1967.

Condition	Males	Females	Total
Syphilis Gonorrhoea Other Conditions	2 (1)	1 (0)	3 (1)
	9 (10)	2 (0)	11 (10)
	43 (51)	21 (5)	64 (56)

### SECTION E

### SANITARY CIRCUMSTANCES OF THE AREA

Water Supply Sewerage and Sewage Disposal

Public Baths Report of the Chief Public Health Inspector

### WATER SUPPLY

With reference to Circular 1/69, details of the supply are contained on pages 60 and 61 of my Report for 1967. The average content of fluoride in supply is of the order of 0·12 mg./1.

### LEAD AND PLUMBOSOLVENCY

Notwithstanding that the Local Authority is not the undertaker of supply the following information is given. Upon receipt of the circular letter of the Chief Medical Officer of the Ministry of Health dated 17th November, 1967, a series of samples of drinking water taken from the distribution system were submitted for analysis. These samples had been in contact with lead pipes for varying periods.

The highest level of solvency found after overnight contact was 0.234~mg./1 and no sample exceeded the World Health Organisation European Standard upper limit of 0.3~mg./1 for such circumstances. Eastbourne water, whilst within safe limits for plumbosolvency, is more lead solvent than would be expected of a hard water with little organic impurity.

### NITRATE CONTENT OF PUBLIC WATER SUPPLY

In the course of the year the Eastbourne Waterworks Company drew the Corporation's attention to seasonal rises in the nitrate levels in water from certain of the Company's wells and particularly the Cornish well where for a few weeks of the year levels of the order of 14 to 16 mg./l nitrate nitrogen were detected. These rises were attributed to the application of nitrate fertilisers upon farmland in the catchment area owned by the Corporation and leased to tenant farmers.

The only available W.H.O. standard is a world standard where the recommended upper limit is 11·2 p.p.m. nitrate nitrogen. Although there was no evidence of any untoward effect of the seasonal rise and no clinical evidence of the childhood condition of Methaemoglobinaemia

which can result from excessive nitrate intake, a decision was taken in respect of the season 1968/69 that the application of nitrate fertiliser should be restricted with a view to determining the effect of such action upon the nitrate level which it was anticipated would not exceed the W.H.O. World Standard upper limit. If and when, in due course, a European Standard is published it may well be that the former figures would not exceed such standard. The significance of a European Standard as opposed to a World Standard derives from the fact of a significantly less average consumption of drinking water per head in temperate climates as opposed to tropical climates.

The following is a typical analytical report upon a sample from mains supply:

Date of Report-17.9.68

Рн	YSI	CAL
----	-----	-----

REMARKS

Taste							Nil
Odour				••	••		Nil
Colour (H			• •	• •	• • •	• •	
		• •	• •	• •	• •	• •	Nil
Turbidity		• •	• •	• •			Nil
Conductiv		• •		• •			430
Total Soli	ds (dried	at 180°	C.)				310.0
Suspende	d Solids						Nil
pH							7.2
Temperat							_
pHs							
	••	• •	• •	• •	• •	• •	
CHEMICAL							
Alkalinity (as 0	CaCO <sub>3</sub> )	1	82·0 mg./l.	Fluo	ride		— mg./l.
Total Hardnes	s (as CaC	$(O_3)$ 2	10.0  mg./l.	Chlo	rine (Free	e)	— mg./l.
N.C.H. (as Ca	CÓ <sub>2</sub> )		28·0 mg./l.	Chlo	rine (Tot	al)	0·14 mg./l.
Free Carbon I	Dioxide		23·0 mg./l.			·	Nil mg./l.
Dissolved Oxy			— mg./l.				Nil mg./l.
Oxygen Absor		••	g./	Lead			— mg./l.
(4 hrs. at 27			ma /1				
			— mg./l.			• •	— mg./l.
Ammonia (Fre			·028 mg./l.		ganese		Nil mg./l.
Ammonia (Alb	umonoid	) 0	·018 mg./l.		ninium		— mg./l.
Nitrate (as N)			6·7 mg./l.	Calci	um		37.5  mg./l.
Nitrite (as N)			Nil mg./l.	Pota	ssium		1.4 mg./l.
Chloride			42·4 mg./l.	Sodi	um		29·0 mg./l.
Sulphate			7.0 mg./l.		a		5·0 mg./l.
Phosphate			— mg./l.		rgents		— mg./l.
i nospitate	• •		1112./1.	Dette	igents		111g./1.

The water is bright and clear in appearance, moderately hard in character and contains minimal organic and saline impurities.

Analysis indicates a water of good quality suitable for public supply.

### SEWERAGE AND SEWAGE DISPOSAL

Work in connection with the new pumping station at Langney Point is nearer completion. When the tides are right it will be possible to tow out and place the 2,100 feet of new discharge pipe on the bed of the Channel. It is anticipated that work will be completed and all connections made by next Autumn.

### PUBLIC BATHS

The Old Town Swimming Baths, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is directly under the control of the Health Department. Breakpoint

chlorination conditions are maintained and once every four hours the whole of the water in the pool is circulated through two pressure filters.

Following adaptations to the changing accommodation, replacement of the chlorination and filtration plant and the old solid fuel boilers with an oil fired system and the installation of adequate central heating, it is now possible to keep the bath open all the year round.

The pool re-opened in July, 1968.

Twenty-two samples of water were taken for bacteriological examinations all of which were satisfactory.

The numbers using the bath during the year from 9th July, 1968, were:

Organised Parties—		
Local Authority Schools	 	14,773
Private Schools	 	Nil
Youth Organisations	 	429
Handicapped Persons	 	115
General Public	 	8,315
		23,632

The number of users in the previous five years were:

1963	 	 	20,959
1964	 	 	31,767
1965	 	 	30,780
1966	 	 	24,393
1967	 	 	37,991

### Seaside Baths

Thirty individual baths are provided, 15 for males and 15 for females. The number of persons using these baths were:

Men					6,610
Women					1,839
Children					239
Retired persons (admitted at reduced prices)					3,357
_				- '	
					12,045

### Devonshire Swimming Baths

The Devonshire Swimming Baths (under the control of the Entertainments Department) comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea-water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72°-74° F. The circulation period is approximately  $4\frac{1}{2}$  hours, when both baths are in operation.

During the year, forty-eight samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained.

### Other Swimming Baths

Five other swimming pools, two privately owned, and the other three at schools or colleges, are in use; 112 samples were taken from these pools and, generally, were of a satisfactory bacteriological standard.

### REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, Cert. R.S.H.

In a holiday resort the emphasis of work is inevitably on achieving good standards of accommodation for visitors, good housing conditions for residents and ensuring that the many food premises and their staffs maintain a high hygienic standard.

This year has been no exception and figures reveal that in nearly all fields the amount of work continues to increase. Probably it is in dealing with houses in multi-occupation that we have encountered the most frustration during the year. Many problems have been ironed out which will enable a more progressive policy to be pursued.

A matter which causes some consternation to Inspectors when visiting houses in multi-occupation is the state of the electrical wiring. Inevitably it is the older-type houses which are let out into bedsitting-rooms. Houses which, prior to the war, were occupied by a single family and wired accordingly, now often have the equivalent of eight to ten families, each having a cooker, water heater, fire, kettle and iron, all working off the original wiring circuits with the aid of multi-adaptors and, in some instances, it has been found that appliances, even cookers and fires, are not earthed. It should be borne in mind that the bulk of lettings in such houses are bedsittingrooms, and this brings another danger in so far as appliances are grouped together in a confined space, and often in close proximity to water pipes.

With the law as it stands at present, landlords are under no obligation to ensure that appliances are correctly wired and safe for tenants to use. This is a serious omission and one can only hope that changes in the law to safeguard tenants will be forthcoming.

A further problem constantly confronting Inspectors, and yet again one about which they can do nothing, is the number of bitter and very justified complaints made by tenants about the exhorbitant charges made by landlords on the re-sale of electricity and gas from shilling in the slot meters placed in individual lettings.

It is commonplace for a tenant, often an old age pensioner, and often in indifferent health, to allege that to stay in their room for a day costs as much as ten shillings for heating alone. It is not surprising, therefore, that many retired people living alone in bedsittingrooms find it cheaper and more comfortable to visit a cinema a couple of afternoons a week, or sit in the Municipal Sun Lounge. The amount paid out in heating, cooking and lighting frequently doubles the amount of rent paid.

While such conditions prevail it is no wonder that many tenants in multi-occupied houses resort to the use of paraffin and become a potential danger to themselves and every other person living in the house. I would express my appreciation to all members of the staff for their loyalty and enthusiasm. It is necessary from time to time to re-allocate duties in order to spread the work load, and I am most grateful to staff for their co-operation. I express the wishes of the staff as well as my own when I say "Thank you" to Miss G. Woods for her cheerful and efficient handling of the increased load of paperwork.

### General Summary

Visits and inspections made by the Public Health Inspectors in 1968:

For general public health purposes	2,366
Inspections under the Housing Acts, etc.	1,545
In connection with food and to food premises	3,332
Infectious disease control visits and investi-	
gations	75
Prevention of Damage by Pests Act, 1949	285
SO <sub>2</sub> and Smoke Recordings	662
Offices, Shops and Railway Premises Act,	
1963	793
Visits for miscellaneous purposes	1,098
	10,156

Food animals inspected at slaughterhouse 11,081

### FOOD HYGIENE REGULATIONS

The following table gives details of food premises subject to the Food Hygiene (General) Regulations, 1960:

	No.	No. fitted to comply with Regulation 16	No. to which Regulation 19 applies	No. fitted to comply with Regulation
Bakers and Bakers' Shops	39	39	39	39
Butchers	38	37	38	38
Confectioners	62	62	33	33
Dairies	1	1	1	1
Fish and Fried Fish	28	27	28	28
Fruiterers and Greengrocers	58	56	47	47
Grocers, Provision and General				
Stores	108	108	108	108
Hotels and Guest Houses, etc.	410	386	410	410
Meat Depots	2	2	2	2
Ice Cream Manufacturers	9 3	9 3	9	9
Ice Cream Stores	3	3	3	3
Public Houses and Hotels with				
Open Bars	62	60	62	61
Restaurants, Cafes and Snack				
Bars	131	131	131	131
Residential Homes, etc	39	39	39	39
Schools	41	41	41	41
Slaughterhouse	1 3	1 3	1	1
Wholesale Manufacturers	3	3	3	3
	1	200		

The Inspectors responsible for the enforcement of the current Food Hygiene Regulations are fully conscious of their duties and their responsibility to the residents and visitors of Eastbourne in endeavouring to see that all food is prepared, stored and sold under hygienic conditions, and it is considered a fair comment to state again that in the very great majority of cases the proprietors of food businesses of whatever kind, large or small, are anxious not only to comply with legal requirements, but have a genuine desire to ensure that the food supply is clean and safe. This is not to say that conditions are always as high as one would wish and, indeed, in a number of instances pressure has had to be brought to bear to secure improvements and this in some rather unexpected places.

Whilst being mindful of our prime duty of enforcement, we are convinced that our efforts generally to secure improvements where necessary are far better achieved by securing willing co-operation of the proprietors of the businesses concerned than following strict legal procedure and whilst we would not suggest the improvements over the year have been outstandingly spectacular, we consider that our achieve-

ment has been one of steady progress throughout.

Those of us engaged in this work who have had experience of this nature in other towns are firmly of the opinion that speaking generally the standard of hygiene in food premises in our town will bear comparison with any in the country.

During the year a concentrated effort was made to see that all food vehicles operating from and in the Borough complied with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, and with the exception of one or two the requirements generally were fully met. In the odd exception action was deferred due to the pending change of the vehicles—the deficiency in these cases being that of adequate hand-washing facilities.

Food Inspection

The number of visits to inspect premises in connection with the safety of food was well maintained. A total of 3,193 routine and 139 special inspections showed an increase over last year of 103 visits. Food premises are inclined to be improving—management striving to get more up to date and easier cleaned equipment. Greater care is needed by some members of the staff in such premises and Inspectors have co-operated with management in endeavouring to put across to staff the necessity for greater care and a higher standard of personal approach to food problems.

As during the last twenty-five years a 100 per cent inspection was maintained of freshly slaughtered carcases, a total of 613 visits being made to the slaughterhouse to inspect 11,081 animals. The high cost of meat has made buyers shop more widely, with animals arriving at the slaughterhouse more frequently, but in smaller numbers. As a result of this, despite a fall in kill figures of 1,341 animals, compared with last year, 60 more inspections were necessary.

Inspection of frozen meat was carried out at wholesalers' cold

stores.

Fish inspection has been regularly carried out at the fish market to ensure satisfactory supplies, and the standard of hygiene at the market has been maintained.

There is little slaughter of live poultry within the Borough, but inspection has been regularly carried out at wholesale stores and retail shops.

### Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,357	72	385	4,790	4,477
Number inspected	1,357	72	385	4,790	4,477
All diseases except Tuberculosis: Whole carcases condemned	-	5	7	7	13
Carcases of which some part or organ was condemned	727	52	6	509	880
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	53.6	79-2	3.4	10.8	19.9
Tuberculosis only: Whole carcases condemned	-	_	-	_	-
Carcases of which some part or organ was condemned	1	_	-	_	24
Percentage of the number inspected affected with tuberculosis	∙07	-	-	_	-5
Cysticercosis: Carcases of which some part or organ was condemned	4	_	-		
Carcases submitted to treatment by refrigeration	4	_	_		
Generalised and totally condemned	Nil	_	_		

### Slaughtering and Inspection of Food Animals

### **PREMISES**

Overall a reasonable standard was maintained in connection with hygiene standards, Inspectors and management co-operating to keep slaughterhouse staff on their toes. The "kill" figure continues to fall, and the "waiting" periods between slaughter are not always used to full advantage.

### INSPECTION

Once again very little inspection has been necessary outside normal slaughtering hours and a 100 per cent inspection has been maintained.

### Diseases of Animals Act, 1958

The police have relinquished some of their duties under this Act, and a number of Public Health Inspectors have been appointed as authorised officers. A system has been established to ensure smooth and co-operative working between Ministry Veterinary Officers, Public Health Inspectors and Police in the event of any emergency.

### Food Premises

Visits and inspections made to food premises were as follows:

Dairies and Milk Distributors		246
Ice Cream Manufacturers		106
Ice Cream Retailers		198
Bakehouseses		101
Butchers' Shops and Wholesale Depot	s	206
Meat Products Preparation Premises		61
Fish Shops		95
Fried Fish Shops		47
Other Food Shops and Stores		576
Hotel and Restaurant Kitchens		836
Slaughterhouse		613
Food Samples taken		575
In connection with unsound food		139
Merchandise Marks Act, 1926		23

The following premises were registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale:

Butchers' Shops	 	27
Grocers' and Provision Stores		14
Fried Fish Shops	 	9

### Milk and Dairies Regulations

Eastbourne is a specified area within the meaning of the Milk (Special Designation) (Specified Areas) Order, 1955, and therefore all milk sold in the town must comply with the conditions for treatment and handling prescribed by the regulations for milk sold under the Milk (Special Designation) Regulations. Well over 95 per cent of the milk sold is pasteurised, the balance being made up of untreated milk, and a small sale of sterilised and ultra-heat treated milk.

There is one pasteurising establishment in the town, but two firms import milk from Brighton and Bexhill respectively for local sale.

### (a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

Of these, four distributors sell cream only.

### (ii) Licences granted to use the special designations indicated:

To Pasteurise Milk	1
Dealers' Licences to use the designation	ation
"Pasteurised"	95
Dealers' Licences to use the designation	ation
"Sterilised"	23
Dealers' Licences to use the designation	ation
"Untreated"	5
Dealers' Licences to use the designation	ation
"Ultra Heat Treated"	3

### (b) Sampling of Milk

Milk is sampled and examined broadly for four purposes: to ensure that the composition of the milk is up to the standard required; for testing as to cleanliness, keeping quality and effective pasteurisation and for the presence of tuberculosis, and a certain number of samples are subjected to the Penicillin Test.

Samples taken, with the results of analysis or examination, were as follows:

### (i) Chemical Analysis

Seven samples were submitted for analysis. The results indicated that the local nulk supply was of a good quality. The average fat and non-fat solids was 3.6 per cent and 8.65 per cent compared with the prescribed standard of 3.0 and 8.5 per cent.

## (ii) Bacteriological Examination:

Class of Mills	No. of		Number of Samples		
Class of Milk	Samples Tested	Appropriate Tests	Passed	Failed	Void
Pasteurised and Tuber- culin Tested (Pasteurised) Untreated	82 18 19	Phosphatase Methylene Blue Methylene Blue Turbidity Test	82 81 12	1 5 -	- 1
Cream	î	Methylene Blue	1	-	-

The samples which failed the Methylene Blue Test were referred to the Divisional Milk Officer and to the dairy concerned.

## (iii) Examination for the presence of tuberculosis:

In order to regulate the flow of samples, by arrangement with the Public Health Laboratory, samples of ordinary milk on arrival at the dairy and farm-bottled milk were again taken on a rota system. Twenty-two samples were taken during the year and were tested also for *Brucella abortus*. M. tuberculosis was not found in any of the guinea pigs inoculated with the milk.

## (iv) Penicillin Test.

Forty-two samples were subjected to the Penicillin Test, all of which were found to be satisfactory.

### Manufacture and Sale of Ice Cream

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

	Wholesale Manufacturer		1
(b)	Manufacture and retail sale		10
(c)	For the sale of ice cream		170
(d)	For the storage of ice cream	for the	
` ′	nurnose of sale		2

Of the 304 visits and inspections made to these premises, 106 were to manufacturers' premises and 198 to retailers.

Two hundred and eighty-nine samples were taken for bacteriological examination, and the following indicates the results:

Grade		Number		
1			 847 107	
2			 $\begin{array}{cc} & & 84 \\ & 103 \end{array}$ 187	
3			 $\begin{array}{ccc} & 54 \\ & 48 \end{array}$ 102	
4			 48 5 102	

Fifty-nine of the samples were of soft ice-cream; 30 being in Grades 1 and 2.

As outlined in last year's report ice cream was primarily sampled to ascertain the hygienic standard under which it had been manufactured, stored or handled and subsequent to the results of the test applied—a bacteriological one—were placed in one of four grades, grades 1 and 2 being considered as satisfactory and grades 3 and 4 as unsatisfactory.

Considering the comment made in last year's annual report that "experience has shown that the products of nationally operated ice cream companies rarely give cause for concern" it is perhaps ironical that in the period under review, in the case of one of the nationally operated companies this turned out to be a false premise because as a result of some spot checks during the early part of the season it became quite evident that all might not be well in this connection and, indeed, the high percentage of Grades 3 and 4 in the figures shown for the pre-packed variety of ice cream is very largely due to much extended sampling in this particular field.

Through information obtained from the Public Health Laboratory it appeared that another authority in Sussex was obtaining a similarly unsatisfactory result and following consultations with the Public Health Inspectorate a concentrated effort was made to establish the extent and cause of the trouble. Other authorities in the area who, like ourselves because of previous experience, had not concentrated unduly on the pre-packed variety, were notified in order that they could follow up the matter in their respective areas. Of prime consideration, however, was the contact with the health authority of the area in which the ice cream was manufactured and with the chief bacteriologists of that company. The company was most concerned to learn of the results and took immediate steps in an endeavour to overcome the source of the trouble which, however, continued to elude them for some little time, but it is

pleasing to note that ultimately the problem was resolved and the product returned to its usual excellent standard.

We were particularly pleased to note that during the year the suggestion contained in last year's report advocating a more effective control of itinerant ice cream vending vans by licence or registration was taken up by the Association of Municipal Corporations and that body agreed to make appropriate representations to the Ministry on it.

Again we were disappointed to see at the commencement of the season particularly that the percentage of unsatisfactory results of the soft ice cream variety was below that which we expected, and it is quite clear that this state of affairs was again due to the time-consuming process of dismantling and cleaning of the soft ice cream machines. We again concentrated on this aspect and as the season wore on the results were again satisfactory.

### Unfit Food

The following is a list of foodstuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:

Adexoline (botts.)		3	Ice Cream (Packs)		64
Baby Food (pkts.)		17	Jam and Marmalade (lbs.)		632
Biscuits (lbs.)		17	Jelly (pkts)		249
Bitter Lemon (botts.)		2 5	Meat and Offal (lbs.)		1,079
Bovril (jars)		5	Meat (cans up to 4 lbs.)		
Butter and Margarine (lbs.	)	86	Meat (cans over 4 lbs.)		36
Cakes (lbs.)		20	Meringues (pkts.)		1
Cake Mixture (pkts.)		7	Milk (cans)		49
Cereals (pkts.)		3	Milk Puddings (cans)		40
Cheese (pkts.)		91	Nuts (pkts.)		2
Cheese (lbs.)		20	Ovaltine (cans)		1
Coffee (lbs.)		1	Paste, meat and fish (jars)		1
Coffee, Instant (cans and ja	ars)	13	Peanut butter (lbs.)		5
Coconut (pkts.)		1	Pie (lbs.)		1 ½
Cordials (botts.)		36	Poultry (lbs.)		473 3
Cream Sponges and Eclairs		16	Puddings (cans)		7
Cream (cans)		22	Ribena (botts.)		5
Custard Powder (cans)		2	Salt (lbs.)		10
Dough (cwt)		2	Sandwich Spread (jars)		1
Dry Ginger (ozs.)		5 ½	Sauces (botts.)		12
Fish (cans)		278	Sausages (cans)		3
Fish (stone)		44	Sausages (lbs.)		1
Flour (pkts.)		32	Shandy (cans)		1
Frozen Foods (pkts.)		1,433	Soup (cans)		1
Fruit (cans)		2,555	Tea (pkts.)		1
Fruit (dried) (lbs.)			Vegetables (cans)		1,791
Ham (lbs.)			Vinegar (botts.)	٠.	5
Honey (lbs.)		$3\frac{1}{2}$	Virol (jars)		4
Horlicks (jars)		1	Vitovel Syrup (jars)		4

In this connection 139 inspections were made.

Most of this foodstuff was dealt with in small quantities and was disposed of by burning at the refuse destructor. Unfit meat from butchers' shops and wholesale stores is disposed of under suitable safeguards for sterilisation and processing into animal foodstuffs, etc.

## Food Complaints

The year again produced its miscellany of complaints of alleged unsatisfactory food purchased by members of the public and these were classified as follows:

Food containing forei	gn matter	 	29
Food affected with m		 	13
Food in dirty contain	ers	 	3
Other circumstances		 	19
and related to the following car	tegories: .		
Meat pies, etc.		 	4
Sausages and sausage	rolls	 	3
Bread and flour confe	ctionery	 	17
Meat and meat produ		 	14
Baby Food		 	1
Jam		 	1
Fish and fish product	s	 	3
Milk		 	6
Miscellaneous		 	15

The number of complaints shows a slight increase on the previous year (56) and reflects the general national trend for there to be an increase in the number of complaints received from members of the public concerning such matters. Nevertheless, it is surprising that only such a small percentage of complaints is actually made to the Health Department. It is well known that the majority of people either choose to ignore any unsatisfactory product which they may have purchased or more probably complain directly to the retailer concerned, and it has been our experience over the past few years when dealing with food complaints to find that the individuals who do bring the matter to our attention either have had reason to be dissatisfied with food purchased previously from a particular premises and have not done anything about it, or have taken it back to the retailer and possibly have not received the courtesy or consideration expected, and have had no ultimate knowledge that the matter has been looked into by the manufacturers, etc.

All the complaints continued to be investigated in detail as in previous years and departmental warnings and/or advice given as appropriate.

It was considered necessary, however, to refer for the consideration of the Public Health Committee two instances and in one case a formal warning was given and in the other legal proceedings were authorised and the manufacturer fined £25.

## Sampling of Food and Drugs

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst.

Eleven formal and 166 informal samples were submitted to the Public Analyst, of which 13 informal and 1 formal sample were found to be unsatisfactory. Forty of the samples were drugs, and one sample of tripe was submitted for examination for the presence of pesticide residues.

The following gives particulars of samples which the Public Analyst reported as being unsatisfactory. In each case the matter was taken up with the manufacturer or retailer and necessary action taken.

### Foods

BUTTER FUDGE—Contained other fat in addition to butterfat.

CREAM DOUGHNUTS (4)—The samples contained a substance which resembled cream in appearance but which actually consisted of imitation cream.

FLOUR—Contained 11 per cent excess of chalk.

Instant Coffee—The label did not comply with the requirements of the Labelling of Food Order, 1953. It was found that a batch of labels had missed the third colour in printing, and essential wording was missing.

Rum Fudge—Apart from an odour and flavour of rum, no rum at all could be detected in the sample.

Sausages—Consisted of preserved pork sausages.

STEWED STEAK—Consisted of stewed steak in gravy containing 76 per cent of meat. The meat content included a large piece of tough gristle and piping which was inedible. The label did not comply with the requirements of the Labelling of Food Order, 1953.

Tomato Puree—Double Concentrated—Consisted of tomato paste of normal quality as sold by retail in this country, and there was nothing double-concentrated about it.

YEAST FOOD AND YEAST NUTRIENT—In both cases the labels did not comply with the requirements of the Labelling of Food Order, 1953.

## Drugs

OPTOVITE—50 per cent deficient in vitamin C as compared with the amount stated to be present on the label.

## Bacteriological Sampling (other than Milk and Ice Cream)

Sixteen samples of cream and cream products and four sausage rolls from local factories were taken and returned as satisfactory.

## Liquid Egg (Pasteurisation) Regulations, 1963

There are no pasteurisation plants in the area and no samples have been taken.

# Merchandise Marks Act, 1926, and Merchandise Marks (Imported Goods) Orders

The provisions of this Act are administered by Inspectors in the course of their other duties in food premises and 23 special inspections were made.

### HOUSING

That Mr. T. Matthews, the District Inspector responsible for dealing with housing, has lost none of his zeal and enthusiasm is evidenced by the figures shown in the tables below.

Of fifty houses brought up to a good standard, sixteen were houses on which Closing Orders were determined as a result of owners submitting and carrying out works of recovery.

Sixteen houses and ten "parts of buildings" have been closed during the year and again in most of these cases the local authority undertaking responsibility for rehousing the occupiers will enable the owners to see recovery of the property as an economic proposition. The owners may have to spend considerable sums of money to do so but will be able to charge an economic rent.

Despite the fact that many owners and owner/occupiers are still awaiting the implementation of the "White Paper" before applying for improvement grants, there was an increase over the previous year in applications.

During the year 2,573 land charge enquiries were made and the Inspectors answered questions concerning the expectancy of life and outstanding repair notices in the case of about 2,000 properties. Special visits and inspections in this connection resulted in 96 cases.

Inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Act)		 918
Dwelling Houses (Public Health .	Act)	 250
Improvement Crente		 242
Revisits		 135

## Housing Report

The follosing is the total of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1968:

14111	Willistry of Housing and Local Government as to action taken in 1906.						
A.	Houses Demolished During the Year						
	In or adjoining Clearance Areas declared under Section 42 of the Housing Act, 1957	16 2					
В.	Unfit Houses Closed During the Year in Pursuance Closing Orders or Undertakings	OF					
	Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957,						
	and Section 26, Housing Act, 1961	21					
	Number of separate dwellings contained therein	21					
	Under Sections 17 (3) and 26, Housing Act, 1957	Nil					
	Parts of Buildings closed under Section 18, Housing Act,						
	1957	10					
	Number of houses made the subject of Demolition Orders	8					

C.	Number of Persons Displaced During the Year	
	From houses to be demolished in or adjoining clearance areas From houses to be demolished not in or adjoining clearance	20
	areas	38
	From houses to be closed From parts of buildings to be closed	64 5
D.	Number of Families Displaced During the Year	
	From houses to be demolished in or adjoining clearance areas From houses to be demolished not in or adjoining clearance	9
	areas	15
	From houses to be closed	23
	From parts of buildings to be closed	2
E.	Unfit Houses Made Fit	
	After informal action by local authority by owner After formal notice under Sections 9 and 16, Housing Act,	21
	1957: by owner	Nil
	by local authority	Nil
	After formal notice under Public Health Acts After modification or revocation of a clearance order under	13
	Section 21, Housing Act, 1961	Nil
	After determination of a demolition order under Section 24,	1111
	Housing Act, 1957	Nil
	After determination of a Closing Order under Section 27, Housing Act, 1957	16
F.	Houses in which Defects were Remedied (other than unfit	
	houses made fit) after formal notice under Public	
	Health Acts	1
G.	Unfit Houses in Temporary Use (Housing Act, 1957)	
	Retained for temporary accommodation under Section 48:	
	Number of houses	1
	Number of separate dwellings contained therein	1
H.	Purchase of Houses by Agreement	
	Houses in clearance areas other than those included in	
	confirmed or compulsory purchase orders	Nil

## **Improvement Grants**

For the first three months of the year this work was undertaken as formerly by my ever cheerful predecessor, Mr. Arthur Lindfield, who has now "given it best". We have always been grateful for his kind help and guidance and we wish him well.

Mr. T. Matthews added this aspect of housing to his other commitments and it is pleasing to note an increase in the number of new applications.

Standard grant applications totalled 80, of which 53 were from owner/occupiers, and during the year 69 properties were improved with the aid of standard grants. Three applications were rejected as the properties concerned were not considered to have a life of fifteen years.

Twelve applications for discretionary grants were approved in respect of alterations and additions to house the standard grant facilities where this could not be done within the maximum sum for these grants.

As in previous years there are still some owners who prefer not to take advantage of the grants and, in all, 104 plans for provisions of bathrooms and hot water were approved during the year under the Building Regulations.

## Rent Act, 1957, Certificates of Disrepair

No applications for certificates of disrepair, or for cancellation of certificates, were received during the year.

## Houses in Multiple-Occupation

Financial stringency which, as reported last year, slowed down the proposed programme for dealing with this class of property, continued during 1968. There was a shortage of staff in several departments with the result that only seven notices were served under Section 15 of the Housing Act, 1961. More could have been served except for staff shortages in the Fire Service with the resultant inability to co-ordinate the service of notices under Sections 15 and 16.

It has, however, become increasingly apparent that this is a growing problem and every effort must be made to bring as many properties as possible up to a reasonable minimum standard, without any further delay.

### GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated	 583
Schools	 22
Camping Sites and Moveable Dwellings	 113
Swimming Baths	 288
Drainage and Plumbing Works	 144
Land Charges Enquiries	 96
Stables and Piggeries	 75
Smoke Observations and SO <sub>2</sub> recordings	 189
Factories	 160
Workplaces	 19
Outworkers' Premises	 29
Offices, Shops and Railway Premises Act	 793
Departmental Properties	 118
Revisits	 645
Infectious Disease Investigations	 75
Miscellaneous visits	 1,098

## Statutory Notices under the Public Health Act, 1936

Most owners of property comply with the requirements of informal notices, but it was necessary during the year to serve the following formal notices:

Section	39—To	carry	out	works	of	drainage	1
Section	93—To	abate	nui	sances			27

## Caravan Sites and Control of Development Act, 1960

One site was licensed during the year, the total in the Borough at the end of the year being 296 vans on five sites. Of these, 264 were used as holiday caravans only. All sites comply with the requirements of the Act.

## Rag Flock and Other Filling Materials Act, 1951

Six premises were registered by the local authority under the provisions of this Act, and frequent inspections are made to ensure that the requirements as to cleanliness of materials and bedding are complied with.

## Pet Animals Act, 1951

Five applications for licences to keep pet shops were received, all of which were granted.

## Animal Boarding Establishments Act, 1963

One application for a licence to keep an animal boarding establishment was received during the year, and a licence granted.

## Riding Establishments Act, 1964

One application was received for a licence to keep a riding establishment, and a licence granted.

## Fertilisers and Feeding Staffs Act

Two samples of feeding staffs were taken during the year, both of which were satisfactory.

## Clean Air Act, 1956

There have been few complaints this year from members of the public apart from complaints of the occasional garden bonfire. There would appear to have been rather more garden fires than usual, not altogether unassociated with the transition period of the pulling down of one destructor works and the building of a modern one.

Under Section 10 of the Act, plans were received and approval given for the erection of five chimneys at five new premises. The trend is still towards the use of low viscosity oil.

is still towards the use of low viscosity

## National Survey of Air Pollution

The two members of staff who are Assistant Borough Meteorologists have again been responsible for the three stations where smoke and SO<sub>2</sub> recording instruments are installed. These three stations were taken out of commission at the end of May and one was resited at Avenue House to be maintained for local comparison.

We must express our gratitude again for the continued supply of comparative information from Warren Spring Laboratory.

## Noise Abatement Act, 1960

It has been a very "quiet" year judging by the low number of complaints received. "Music while you work" on the night shift at a

local factory was remedied by a reduction of the volume control and by ensuring that windows and doors were kept closed.

The exhuberance of youth and the ability to stay awake at weekend parties until the early hours is never easily explained to the more elderly of our population. A couple of such complaints were amicably resolved by a suitable amount of "oil on water". To be more accurate, in one instance the matter was resolved by the kindly offer, with an apology, of a "tot" of something from the party. The acceptance laid the foundations for a more peaceful life for the district inspector.

Repeated complaints alleging the continuous testing of motor car horns at a local garage were entirely unfounded. The excessive use of motor horns was due to impatience and a traffic problem which the action of traffic wardens has helped to resolve.

## Scrap Metal Dealers

There were 16 Scrap Metal Dealers registered with the Police during the year, and visits were made to ensure freedom from nuisance.

## Offices, Shops and Railway Premises Act, 1963

During the year 68 premises were registered and 76 deleted from the register because of changing circumstances. The total number of registered premises is now 1,005 of which most have received a general inspection. During the year 504 general inspections were made, the total number of visits made for all purposes being 793.

There has been an increase in the number of enquiries from employers and employees concerning the provisions of the Act and it is obvious that there is a greater willingness to make it work.

Inspectors have endeavoured to see as many different kinds of machines as possible and to learn about their working parts. A number of Inspectors have visited exhibitions and showrooms to study the many machines now found in offices and shops. It is, of course, the older type of machine, particularly the slicing and mincing machines found in retail shops which present most of the problems from the point of view of ensuring safety.

Inspectors have also tried to learn something of the working of the different kinds of passenger and goods lifts; also conveyor belts. This is a new subject for Public Health Inspectors and the knowledge acquired makes for intelligent discussion with employers seeking advice.

Close liaison has been maintained with the Chief Fire Officer and his staff, and with H.M. Factories Inspectorate and the Ministry of Labour.

The following is the return submitted to the Ministry of Labour under Section 60 of this Act in respect of the period 1st January, 1968, to 31st December, 1968.

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of premises receiving a general inspection during the year
Offices	27	272	183
	30	571	292
	4	40	-
Catering establishments open to the public, canteens Fuel store depots	6	119	28
	1	3	1
Totals	68	1,005	504

### TABLE B

Number of visits of all kinds by Inspectors to registered premises ... ... 793

TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES
BY WORKPLACE

Class of	Number of persons employed		
Wholesale departments, Catering establishments Canteens	uses	olic	3,535 3,380 615 1,420 72 5
TOTAL	 		9,027
Total Males Total Females	 		4,089 4,938

### TABLE D—EXEMPTIONS—Nil.

TABLE E—Prosecutions—Number instituted and completed during the year—Nil.

### TABLE F-INSPECTORS

## Analysis of Contraventions Found

Section	Number of Contraventions found	
5—Overcrowding		2
6—Provision of thermometer		20
8—Lighting		13
8—Lighting 9—Sanitary conveniences		3
10—Washing facilities		23
12—Clothing accommodation		3
13—Sitting facilities		1
16—Floors, passage and stairs		8
17—Fencing exposed parts of	machinery	y 1
First Aid		57
		68
Other metters		9
Total		208

## REPORTED ACCIDENTS

Workplace	Nur repo		Total number	Acti	No		
	Fatal		investi- gated		Formal warning	Informal advice	
Offices	_	2 13	7	_	-	-	13
houses Catering establishments open to public, can-	_	3	1	-	-	-	3
teens Fuel storage depots	_	1 -	1 -	_	-	-	1 -
Totals	-	19	9	_	-	-	19

## ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Wholesale warehouses		Fuel storage depots
Machinery	-	-	-	<del>-</del>	-
Falls of persons Stepping on or striking	_	4	1	1	_
against object or person	- 1	2		_	_
Handling goods	2	4	1	_	_
Struck by falling object	- 1	1	1	_	_
Electrical	-	1	-	_	_
Not otherwise specified	-	1	- 1	-	-

## FACTORIES ACT, 1961

## 1. Inspections for Purposes of Provisions as to Health

	Number		Number of	
Premises	on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	43	16	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	248	66	-	_
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	51	78	4	_
TOTAL	342	160	4	-

## 2. Cases in which Defects were Found

	Numb	per of cases were	in which found	defects	Number of cases in which
Particulars	E 1	Remedied	Refe	prosecu-	
Particulars	Found	Remearea	To H.M.	By H.M. Inspector	tions were instituted
Want of cleanliness (S.1)	5	5	-	-	-
Overcrowding (S.2)	-	<b>  -  </b>	-	-	_
Unreasonable temperature (S.3)	_	- 1	-	-	_
Inadequate ventilation (S.4)	_	-	_	-	_
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) (a) Insufficient	5	5	_	1	_
(b) Unsuitable or defective	4	4	1	2	
(c) Not separate for sexes	-	-	_	-	-
Other offences against the offences relating to outwork)	1	1	-	-	-
Total	15	15	1	3	_

### Part VIII of the Act-Outwork

SECTIONS 133 AND 134

	Section 133					
Class of work	No. of Out- workers in August list required by Section 133		No. of prosecutions for failure to supply lists			
Wearing apparel Curtains and furniture hangings Scooter and moped accessories Rosettes		25 6 5 1	- - - -	- - - -		
TOTAL		37	-	_		

### Section 134

There were no instances found of work being done by outworkers in unwholesome premises.

### Construction (Health and Welfare) Regulations, 1966

Redevelopment and building necessitated about 70 visits being made to building sites to enforce the provisions of these regulations brought in under Sections 7 and 127 of the Factories Act. In 4 cases it was necessary to serve informal notices regarding provision of sanitary accommodation.

### RODENT CONTROL

## (a) Surface Control

There were 289 complaints concerning rats and 96 concerning mice, these numbers being fairly consistent with previous years.

The few agricultural areas within the Borough were visited but they are mostly under private contract and there were again no official complaints.

Baiting of the authority refuse tips showed little rodent activity.

## (b) Sewer Baiting

Systematic sewer control was maintained, ten per cent of the sewer manholes being lifted in Spring and Autumn to allow baiting of sewers with oatmeal and Warfarin. There was a slight decrease in the number of takes.

## Wasps' Nests

We had few complaints regarding wasps and advice was given on how to deal with them. A few nests were destroyed by our rodent operative in places that concerned children and elderly people.

		$Ty_1$	be of Propert	y	
	Local Authority	Dwelling Houses	All other (including business premises) (3)	Total of Cols. (1) (2) and (3) (4)	Agri- cultural (5)
1. Number of properties inspected as a result of complaint	5	315	54	374	_
Number of such properties found to be infested by: Rats (a) Minor (b) Major	3 _	214 5	24	241 5	_
Mice (a) Minor (b) Major	2 -	85	27	114	_
2. Number of properties inspected in the course of survey under the Act	_	600	_	600	_
Number of such properties found to be infested by:					
Rats (a) Minor (b) Major	_	67 2	=	67 2	_
Mice (a) Minor (b) Major	_	5 –	Ξ	5 -	-
3. Treated by Operators	5	361	47	413	-
4. Visits for all purposes	19	2,715	365	3,099	_

Number of block control schemes carried out—41.

### Verminous Premises

Inspectors again gave advice to a number of householders on how to get rid of cockroaches, ants, etc. and the "odd flea". Several properties had to be treated after elderly people had been taken into care.

## **Pigeons**

To keep down numbers "trapping" has been continued, but staffing difficulties have not allowed of any extra effort. A couple of complaints alleging "noise" and "dive-bombing" by seagulls were investigated. We are, however, a seaside Borough and in this age of change we must preserve some of our amenities as well as our sense of proportion.

## Bacteriological Sampling, other than of Food

For bacteriological examination, a total of 186 samples of mains drinking water were taken. Of these, 180 samples were submitted to the

Eastbourne Water Company and six to the Public Health Laboratory. As a safeguard to our swimmers, 212 samples of water were taken from our swimming baths and paddling pools.

# SECTION F MISCELLANEOUS

Nursing Homes Nurses Agencies Nurseries and Child Minders Children Act, 1948 Midwives Act, 1951 Staff Medical Examinations Cremation Meteorology

### NURSING HOMES ACT AND REGULATIONS

The relevant section of the Public Health Act with regard to registration and inspection of Nursing Homes continued to be administered by the Council and authorised officers of this Department.

The Nursing Homes Act, 1963, and the Conduct of Nursing Home Regulations provide, amongst other matters, for adequate and competent staffing, adequate space, furnishing and nursing equipment, together with sufficient sanitary and washing facilities, light, heating and ventilation.

The Council, as Registration Authority, has considerable powers of supervision to ensure that Nursing Homes meet and maintain the required standards.

There was no change in the number of registered establishments but one nursing home increased the number of beds so that at the end of the year there were 14 registered nursing homes providing 259 beds.

## **NURSES AGENCIES ACT, 1957**

One licence in respect of an existing Agency was renewed. The records of the Agency were satisfactory on inspection by an authorised member of the Department.

## NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

This enactment was amended by Section 60 of the Health Services and Public Health Act, 1968, which came into operation on the 1st November, 1968.

From that date the scope of the 1948 Act was extended to include premises (other than those wholly or mainly used as private dwellings) in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of five, to whom they are not related, for similar periods.

The maximum penalty for failure to register was substantially increased and it was necessary to publicise the provisions of the Act as amended.

Local Health Authorities may, amongst other matters, make requirements concerning the number, qualification and experience of the persons who are to look after the children and may refuse to register premises and persons because of the condition of the premises, or equipment, etc.

It is expected that a considerable number of persons will register as child minders and that this will require the deployment of a senior health visitor as supervising officer for the purposes of the Act.

At the end of the year 15 premises were registered. Six of these provide child minding facilities for periods varying from a half-day to 2 days per week for up to 182 children whilst mothers are out shopping, etc.

The remainder include private nursery schools providing care and education on mornings only or for full days for up to 243 children.

Fifteen daily minders were registered in respect of a total of 75 children under 5 years at the end of the year.

### CHILDREN ACT, 1948

The Medical staff of the Department were responsible for the statutory medical care of all children in the Council's residential homes.

Dental inspection of the children was carried out in the Homes by the Chief Dental Officer and any necessary treatment was provided without delay through the School Dental Service, or in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

## MIDWIVES ACT, 1951

The Local Health Authority is the Local Supervising Authority for the purpose of the Midwives Act, 1951.

During the year 31 midwives notified their intention to practise of whom, 4 were in the Council's Domiciliary Midwifery Service and 27 employed in the Hospital Service.

### STAFF MEDICAL EXAMINATIONS

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination. Only in those cases in which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of Medical Examinations made:

Sick Pay Superannuation	 	 39 43
		<del></del>
		_

Number of Medical Statements scrutinized .. 527

In addition to the above, forty-one examinations were carried out on candidates for admission to training colleges. There were also fourteen sessions at Chelsea Training College and six at Eastbourne College of Education for medical inspection.

## THE EASTBOURNE CREMATORIUM DUTIES AS MEDICAL REFEREE

As Medical Referee to the Eastbourne Crematorium, a growing number of applications and medical certificates require scrutiny and not infrequently follow-up enquiries before the appropriate authority to cremate is issued.

The following statistics of certificates signed since the Crematorium opened in 1960.

1960	 	872	1964	 	1,494
1961	 	1,078	1965	 	1,542
1962	 	1,295	1966	 	1,624
1963	 	1,459	1967	 	1,713
		Í	1968		1 956

### **METEOROLOGY**

Borough Meteorologist: W. L. PECK

January was dull and cold for the first two weeks with slight snow falls on several occasions. Milder conditions prevailed for the remainder of the month with fog and mist being much in evidence during the third week.

February was generally colder than average, although snow only fell slightly on two occasions. During the last week of the month very sunny conditions prevailed though temperatures were still low.

Sunshine during March was above average particularly during the last half of the month. Rainfall was well below average and temperatures

near to average.

Some slight snow showers occurred during the first week of April followed by a dry fine spell until mid-month. During the latter part of April milder conditions prevailed and an unsettled spell occurred at the end of the month.

Conditions during May were generally wet and cold, temperatures

and sunshine being below average, and rainfall above average.

Conditions during June were dry and sunny during the first two weeks, but unsettled and cooler conditions with strong winds occurred during the latter half of the month.

After a promising start during the first week in July, the remainder of the month was generally rather dull, witht emperatures below average.

August proved to be the most disappointing of the summer months. The sunshine total was one of the lowest ever recorded, only three years in the 76 year period recorded having had a lower total. Rain fell on most days during the first three weeks of the months although temperatures were up to average.

Much sunnier conditions were experienced in September, although rainfall fell on most days during the last three weeks accompanied by

strong winds.

Mild but dull conditions prevailed during October, and these conditions persisted throughout November but with much less rainfall, but stronger winds.

December began and finished dry and cold, the first slight snowfall of the winter occurring on the 29th. During the second and third weeks

conditions were milder, wet with strong and gale force winds being much in evidence.

much in evidence.	, wet wit	ii stiong	and gate	1010	be willus beilig
Summary of Observa	ations				
AIR PRESSURE (MEAN S	EA LEVEI	.)			
Daily average:					
9 a.m.					30.017 inches
9 p.m.					30.016 ,,
AIR TEMPERATURE					
Daily average:					
Maximum					55.0 degrees
Minimum					46.0 ,,
Combined					50.5 ,,
Range					9.0 ,,
At 9 a.m.		• •			50.7 ,,
At 9 p.m.	::		• •	• •	50.3 ,,
Warmest day:			gust	• •	75.0 ,,
Warmest night			• •	• •	64.0 ,,
Coldest day: 2			• •	• •	34.0 ,,
Coldest night:	15th Dec	cember	• •	• •	23.0 ,,
Sunshine					
Total	• •	• •	• •	• •	1663.5 hours
Daily average	• •	• •	• •	• •	4.55 ,,
Rainfall					
Total			• •		28.78 inches
"Rain" days	• •	• •	• •	• •	165 days
Ниміріту					
Daily average:					
9 a.m.		• •	• •		86 per cent.
9 p.m.	• •	• •			88 ,,
WINDS					
Percentage of 9 a.n	ı., 6 p.m.	and 9 p.1	m. observ	atio	ns:
Direction					Percentage
N.	• •	• •	• •	• •	15.12
N.E.	• •	• •	• •	• •	5.83
E.	• •	• •	• •	• •	10.66
S.E.	• •	••	• •	• •	7.29
S. S.W.	• •	• •	• •	• •	8·92 8·47
W.	• •	• •	• •	• •	25.68
vv. N.W.		• •	••	• •	12.93
Calm	• •			• •	5.10
Prevailing Winds					West
Snow and sleet rec					5 days
Thunderstorms rec					6 ,,
Fog (9 a.m.) record					10 ,,
Gales recorded on					5 ,,
Air front roopeded	during				20

28 ,, 63 nights

Air frost recorded during ... Ground frost recorded during

## Monthly Averages for 76-year Period 1888-1968

(Excluding War Years—1942–46 no observations)

			Air	Temper	ature			Sunshine		Rai	nfall
		1	Means of				Mean Sea				
Month		Maxi- num	Mini- mum	Max. and Min. Com- bined	High- est re- corded	Low- est re- corded	Tem- pera- ture	Total hours	Daily hours	Inches	'Rain' Days
January	••	45.2	36.7	40-9	56 1922 1923	12 1940	42.3	62.4	2.01	2.98	16
February	••	45.1	36.5	40.8	58 1897	15 1929 1947 1956	41.2	82.9	2.96	2.24	14
March		48.3	38.2	43.3	66 1929	18 1909	42.8	138-1	4.45	2.18	13
April		52.9	41.5	47-2	72 1924	27 1922	46.9	178-3	5.94	1.97	12
May	••	59.0	47·1	53.0	78 1922	32 1935 1941 1967	52.9	234-4	7.56	1.71	11
June		63.9	52.1	58.0	86 1957	38 1932	58.6	239-4	7-98	1.83	11
July		67-1	56-0	61.6	90	43	62.6	234.8	7-57	2.25	11
August		67.5	56.3	61.9	1911 86	1919 41	63.7	217-4	7.01	2.65	14
September		64.6	53.0	58-8	1947 82	1907 37	61.3	174-2	5.81	2.54	12
October		58-2	47.6	52.9	1929 71	1919 28	56.0	123.0	3.97	3.89	16
November		51.3	42.1	46.7	1921	1931 25	49.8	70.8	2.36	3.82	16
December		46.9	38.7	42.8	1927 59 1907	1923 17 1908	45.3	54.5	1.76	3.62	17
Year	·	55.8	45.5	50.7	90	12	52.0	1810-2	4.96	31.68	163

## Monthly Averages, 1968

			Air Temperature				Sun	shine	Rai	nfall	
		1	Means o	f			Mean Sea				
Month		Maxi- mum	Mini- mum	Max. and Min. Com- bined	High- est re- corded	Low- est re- cprded	Tem- pera- ture	Total hours	Daily hours	Inches	'Rain' Days
January . February March		44·6 42·8 49·1 52·6 56·3 63·3 66·1 67·1 64·2 60·7 49·8 43·2	36·3 34·8 40·2 41·1 46·4 52·9 56·8 55·0 53·8 42·8 36·4	40·5 38·8 44·7 46·9 51·4 58·1 60·5 62·0 59·6 57·3 46·3 39·8	52 47 59 68 64 70 73 75 67 65 60 54	26 28 31 31 40 46 48 51 49 46 31 23	41·5 41·1 42·0 47·1 52·2 58·5 61·9 62·6 62·1 58·6 50·3 44·8	55·9 92·5 162·7 204·2 219·8 214·0 206·7 149·4 174·1 85·0 54·5 44·7	1·80 3·19 5·25 6·81 7·09 7·13 6·67 4·82 5·80 2·74 1·82 1·44	3·25 2·65 0·84 2·81 2·11 1·71 2·01 2·31 4·62 3·63 0·90 1·94	16 15 14 13 12 14 13 16 18 12 10 12
Year	•••	55.0	46.0	50.5	75	23	51.9	1663-5	4.55	28.78	165

### SUNSHINE

The position of resorts in southern districts were as follows:

Position in List	Town	ıı	7	Cotal Hours
1	Swanage		 	1734-4
3	Bognor Regis		 	1712-3
4	Lizard		 	1710-4
5	Brighton		 	1693.7
6	Penzance		 	1678.5
7	Eastbourne		 	1663.5
8	Weymouth		 	1657-2
9	Southsea		 	1656-2
10	Littlehampton		 	1652.0
12	Torquay		 	1644.5
13	Worthing		 	1643.5
15	Hayling Island		 	1638.0
19	Bournemouth		 	1615.9
20	Teignmouth		 	1605.0
21	Falmouth		 	1603.0
26	Ilfracombe		 	1579-9
30	Newquay		 	1563.8
36	Bexhill		 	1543.8
50	Folkestone		 	1504-2
55	Hastings		 	1495-1

## 1968 Monthly Variations from Averages

	Maximum Temperature °F.		Sea Tempera- ture °F.	Sunshine Hours	Rainfall Inches
January	 -0.6	-0.4	-0.8	- 6.5	+0.27
February	 -2.3	-1.7	-0.1	+ 9.6	+0.41
March	 +0.8	+2.0	-0.8	+24.6	-1.34
April	 -0.3	-0.2	+0.2	+25.9	+0.84
May	 -2.7	-0.7	-0.7	-14.6	+0.40
Iune	 -0.6	+0.8	-0.1	-25.4	-0.12
July	 -1.0	-1.1	-0.7	<b>−28·1</b>	-0.24
August	 -0.4	+0.5	-1.1	-68.0	-0.34
September	 -0.4	+2.0	+0.8	- 0.1	+2.08
October	 +2.5	+6.2	+2.6	-38.0	-0.26
November	 -1.5	+0.7	+0.5	-16.3	-2.92
December	 -3.7	-2.3	+0.5	- 9.8	-1.68
Year	 -0.8	+0.5	-0.1	-146.7	-2.90

## SCHOOL HEALTH SERVICE

### **CONTENTS**

- 1. Statistics
- 2. School Hygiene
- 3. Medical Inspections and Consultations
- 4. Work of the School Nurses
- 5. Arrangements for Treatment
- 6. Child Guidance and School Psychological Service
- 7. Handicapped Children
- 8. Special Tuition
- 9. Dental Clinic
- 10. Families with Difficulties and Problems
- 11. Employment of Children
- 12. Provision of Clothing
- 13. School Meals and Milk
- 14. Notification of Infectious Disease
- 15. Tuberculosis
- 16. Vaccination and Immunisation
- 17. Colleges of Education
- 18. Co-Ordinating Committee, Annual Report

### ANNUAL REPORT

The School Health Service seems to have sailed through 1968 relatively unscathed by the Green Paper on the unification of the National Health Service or by the Seebohm report on the organisation of Local Authority Social Services. However, in our own Health Department it has been the subject of a take-over bid by the newly created Medical Services Section which has united the Maternal and Child Health, Immunisation, Student Health and School Health work into one administrative block.

Of the 7,135 children on roll, 1,366 have had full medical examinations, and the general physical condition of all but one was satisfactory. 133 children are registered as handicapped, and of these 17 are at residential schools, a figure that varies little from year to year. The following pages show the work that lies behind these statistics, about which there are a few points which deserve special mention.

Selective Examinations and Physical Education Surveys. These surveys, made by Medical Officers, were introduced some nine years ago, when the routine examination of 10-year-olds was abandoned. Figures show diminishing returns from these time-consuming activities so they have been stopped for 1969 and a watch is being kept to see whether the cases requiring help are brought to light by other means.

Annual vision testing is being continued. This is also a time-consuming activity but, contrary to what might be thought, a surprisingly large number of children developing eye defects are not referred by school or parents until their vision is very poor indeed. This was put to the test in 1968 when the annual vision test at the Grammar school was missed. The year 1969 has produced a crop of really bad cases requiring spectacles at that school. No harm has been caused to the eyes, but clearly it is an educational handicap.

Obesity. The number of children attending the slimming clinic has increased to 44. In addition to the pressures on the child imposed by sweet-eating friends and the ice-cream van parked outside the school gate, we have in Eastbourne an occupational hazard to children whose parents are boarding-house proprietors. Naturally the children eat up the delicacies left by the guests, and these children are at special risk of becoming seriously overweight. In some schools, overweight children are almost the norm, and parents are approaching our Medical Officers asking whether their normal children are underweight.

Child Guidance and School Psychological Service. The number of children referred to the part-time Educational Psychologist is also increasing, and the waiting list rises to a peak of about fifty each year. This means a delay of about six months between referral and report. With a national shortage, there seems little hope of recruiting a second

part-time psychologist to fill the establishment. Similarly, the lack of a social worker in the Child Guidance Clinic since August has seriously impeded the diagnostic and treatment side of the work. Knowledge of the dynamics of a family situation, and the ability to help parents gain insight into, and tolerance of, the way children react are absolutely fundamental to the modern family-centred approach.

**Dental.** Mr. Berry, our Principal Dental Officer, retired at the end of the year. My thanks to him are recorded in the Report of the Medical Officer of Health.

Fluoridation. Commencing in 1964, two of our secondary schools took part in a piece of research work on fluoridated toothpastes run by the Department of preventive dentistry of the London Hospital Dental School. The research is now completed, but the results are not yet available. However, we must remember that the advantages of fluoride whether contained in toothpaste, tablets, drops or in drinking quantities of tea, are only conferred on those children who take it. However, until such time as the fluoride level of the drinking water is adjusted to the optimum level, the use of fluoride drops for babies, and fluoride tablets or toothpaste for older children, does represent a worthwhile way in which conscientious parents can help to preserve their children's teeth.

### **EDUCATION COMMITTEE**

(as constituted at 31st December, 1968)

The Mayor:

Mr. Councillor C. J. Scott, J.P.

Chairman:

Mr. Alderman S. M. Caffyn, C.B.E.

Deputy Chairman:

Mr. Councillor C. H. Lacey

### Councillors:

A. G. BANFIELD
S. W. E. BOUGHTON
L. J. CAINE
J. R. ELPHICK
T. G. FORD
W. J. EVENDEN
MRS. U. E. G. GARDNER
J. W. E. HOWLETT
W. P. LEBBON
C. V. HORRIDGE
MRS. M. W. RICE-PYLE

Mrs. E. F. M. WHITE

R. POYNTER

### Co-opted Members:

REV. CANON W. W. S. MARCH REV. CANON T. J. LYNCH REV. D. J. BOYS MR. J. W. BALL MR. A. G. RUSSELL MRS. M. F. WIGHAM

### SCHOOL HEALTH SERVICES

(a) Full-time Officers (as at 31st December, 1968)
 Principal School Medical Officer:

 K. O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer: WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Senior Medical Officer: MARJORIE I. GODSON, M.B., Ch.B., D.P.H., C.R.P.

Medical Officer:
MARY B. SIMPSON, M.B., Ch.B., D.A., D.P.H.

Principal School Dental Officer:
MAURICE G. BERRY, L.D.S., R.C.S.

School Dental Officer:
J. W. Martin, L.D.S.

Superintendent Health Visitor:
MRS. S. M. JAMES, S.R.N., H.V.Cert.

### Health Visitors | School Nurses:

MISS J. V. M. BERK, S.R.N., H.V.Cert.
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.
MRS. E. L. SNASHALL, S.R.N., H.V.Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V.Cert.
MRS. S. M. TENNANT, S.R.N., H.V.Cert.
MRS. M. F. TOMSETT, S.R.N., H.V.Cert.
MISS H. M. PATTERSON, S.R.N., H.V.Cert.

Clinic Assistant:
Mrs. J. Nethercott

Speech Therapist:
Mrs. K. Hansford, L.C.S.

Clerical Staff:

MISS B. DOUCH (Senior) MRS. G. M. MORRIS MRS. J. C. RUDMAN MISS J. A. DOUGLAS

Dental Surgery Assistants:
MISS K. J. FARRINGTON
MISS K. A. LAMBERT
MRS. D. ANDREWS

### Dental Anaesthetists:

Dr. Marjorie I. Godson Dr. Mary B. Simpson

Child Guidance and School Psychological Service:

MISS M. P. Logg, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist Mrs. S. M. Hook, Clerk

## Officers attending Clinics by arrangements with the South-Eastern Metropolitan Regional Hospital Board

Consultant Orthodontic Surgeon:
D. G. F. Ardouin, F.D.S., D'Orth., R.C.S.

Psychiatrist:

HUGH V. W. ELWELL, M.A., L.R.C.P., M.R.C.S., D.P.M.

### **CLINICS**

The various Clinics were held as follows:

Speech Therapy			
Acacia Villa Avenue House	• •	• •	Friday, a.m. Tuesday, a.m.
Hampden Park Infants' The Lindfield School Bourne Infants' School The Downs School Motcombe Infants' Sch			Thursday, 2.15 p.m. to 7 p.m. Weekly sessions Weekly sessions Weekly sessions Weekly sessions Weekly sessions
Child Guidance			
Avenue House Psychiatrist Educational Psychologis	·· st		Wednesday, 10 a.m. to 8 p.m. and Fridays, 10 a.m. to 1 p.m. Wednesday, 9.30 a.m. to 7.30 p.m Fridays and alternate Tuesdays 9.30 a.m. to 4.30 p.m.
Ophthalmic			
Princess Alice Hospital	• •	• •	Special sessions fortnightly, Friday 1.45 p.m.
Dental			
Avenue House Anaesthetic sessions			Daily, 9 a.m. and 2 p.m. Monday and Friday, 9.30 a.m.
Chiropody  District clinics as and v	vhen requ	ired	
Remedial exercises (during sch	hool term)		
Avenue House		• •	Friday mornings, 9 to 10 a.m.
Slimming			

Tuesday, 4.30 p.m.

Avenue House ...

### 1. STATISTICS

The number of children on the school registers on reopening in January was 7,101 and 7,135 by the end of the year. There were 1,221 children admitted during the year and the net increase compared with the end of 1967 was 242.

The average attendance of children for the year was 6,661 a percentage of 93.00.

### TOTAL NUMBER OF CHILDREN

At Primary Schools At Secondary Schools,	 including	 Grammar	Schools	• •	4,134 2,906
At Special Schools	• •	••	• •	• •	95
			Total		7.135

### 2. SCHOOL HYGIENE

### (a) Environment

It is pleasing to report that a high standard of hygiene has been observed by the medical staff and public health inspectors during their visits and particular comment has been made of the very high standards in the school canteen kitchens. The high standard observed by caretakers, school cleaners and kitchen staff is a commendable form of health education.

## (b) Personal Hygiene

Selective inspections totalling 10,485 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice increased to 29.

## (c) Health Education

All four secondary modern schools have continued to make use of the resources of the health education section, the emphasis being on a course of from six to ten lessons into which most aspects of personal health can be brought. Mothercraft courses for senior girls were again requested from two of the secondary schools.

Weekly health education lessons at the Lindfield Special School have been continued by the Senior Health Visitor.

No requests for help have been received from Infant or Junior schools.

In an attempt to place Health Education on a more secure footing, an attempt is being made to persude schools to appoint a Health Education co-ordinator whose task would be to ensure that the subject was integrated into the whole school curriculum instead of competing with other subjects for a place on the time-table.

### 3. MEDICAL INSPECTIONS AND CONSULTATIONS

### ROUTINE MEDICAL INSPECTION

The routine inspection of infants is delayed until their third term in school which allows parents and teachers the opportunity of assessing the child's acceptance of school life and also enables the school nurse to test both vision and hearing (using the pure tone audiometer) so that more information is available for the school medical officer when the examination is made.

Fourteen-year-olds are also given routine medical examinations when the emphasis is on fitness for ordinary working life. The boys are given colour vision tests.

The Head Teachers, who naturally have the children under constant observation, assist greatly by returning forms to the Department indicating defects or problems which they have noticed in children due for medical inspection or reinspection or whom they wish to be examined. During the year fifty-one such forms were returned.

The total number of children examined was 1,366 of whom 393 had defective vision or other significant defects requiring treatment (excluding dental disease). These figures include entrants into the area who were not up to date with their medical examinations and examinations given to pupils remaining at school beyond the school-leaving age.

An assessment of each child's physical condition was made. 99.93 per cent (1,365) children were classified as being satisfactory.

### SCHOOL SURVEYS

The intermediate age groups are not medically examined *en bloc* but are surveyed by the School Medical Officer during normal Physical Education lessons. As a result of this, 69 children were noted as having defects and subsequently examined.

### QUESTIONNAIRES

Health questionnaires were sent to parents and teachers of children in their second term at Secondary School, with the request that they be completed and returned if the advice of the School Medical Officer was required. Thirty-four requests were made for advice.

#### OTHER EXAMINATIONS

School Medical Officers visit each school every term to examine children about whom parents, teachers or the school nurse request advice. Two hundred and sixty-seven children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,697. Consultations and examinations were also carried out at school clinics when necessary.

Parents sometimes overlook the fact that the School Health Service is concerned with the whole child, physically, mentally and socially. Any troubles affecting the child at home produce repercussions at School. Advice and guidance are readily available and those dealing with children are encouraged to ask for help.

### INDEPENDENT SCHOOLS

Whilst the Independent Schools do not participate in the formal arrangements for school medical examinations, the School Health Service is used freely in respect of individual services such as Child Guidance, Speech Therapy, Ascertainment of Handicaps, Immunisation and the prevention or spread of communicable disease.

## 4. WORK OF SCHOOL NURSES

			Sessions
Medical Inspections			 169
Preparation for Medical Inspect	ions		 11
Hygiene Inspections			 98
Vaccination, Immunisation and	B.C.G.	in Schools	 39
Audiometric Testing			 44
Vision Testing			 95
Dental Clinics			 101
Minor Ailments Clinics			 391
Health Education in Schools			 164
			Visits
Home Visits to Schoolchildren			 490
Other School Visits			 112

## 5. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctors, to hospital for specialist opinion or the School Clinic for treatment of minor ailments and other special defects.

MINOR AILMENT CLI Total number of Total attendances Total number of	children made		nded 		1967 448 2,321 453	1968 517 2,909 553
Conditions treated:						
D.					_	1
Impetigo					28	27
Eye disease (exte	rnal)				19	16
Ear disease					_	6
Other skin disease	es (boils,	septic con	ditions,	etc.)	231	259
Miscellaneous (sp	orains, bi	irns, cuts	etc.)		168	236
Th. 1' 1 '	••	••	••		2	8
					453	553

### CHIROPODY

The Department's chiropodists attend to children's feet where necessary. During the year 32 children made 119 attendances for the treatment of corns, callosities and minor foot defects.

### VISUAL DEFECTS

Towards the end of the year there was a change in policy concerning treatment for children with eye defects. Hitherto a senior child thought to have a simple refractive error was referred to an ophthalmic optician chosen by the parents. From December all children up to the age of 14 referred for eye testing for the first time were sent to the Hospital Eye clinic, but to cut the waiting list, subsequent examination for children with a straightforward refractive error are given the option of being transferred to opticians once the child has reached his tenth birthday.

During 1968, 134 children were referred to opticians by School Medical Officers and School Nurses. I would like to thank the local ophthalmic opticians who have co-operated by submitting reports on the children they examined.

During 1968, 148 forms for the repair or replacement of spectacles under the National Health Service were issued to children.

### EYE CLINIC

This takes place at the Princess Alice Hospital under the supervision of Mr. F. N. Shuttleworth, D.O.M.S., Consultant Ophthalmic Surgeon. Orthoptic and other specialist treatment is available at this Clinic and there is still a waiting list of children overdue for review.

			Cases 1968	Old ( 1967	
Number of cases referred to	Oph-				
thalmic Clinic	٠	138	145	166	175
Number of attendances made		166	190	171	176
Glasses prescribed		85	85	85	18

## AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 802 children were given a preliminary hearing test in school using pure tone audiometers. 586 passed this test and 216 failed. 328 children were retested and in 180 cases hearing was satisfactory. Many of the 148 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests thirty-five children were referred to the Ear, Nose and Throat Department of the local hospitals.

The arrangements for screening pre-school children for hearing defects have been continued, and a register maintained of those who are at special risk of being deaf.

Supervision of children wearing hearing aids in school has been continued so far as is possible by the school medical officers, but serious concern is felt at the lack of adequate supervision due to the absence of a teacher of the deaf. Some of these children really need individual speech training, and help in language development and comprehension, which is beyond the scope of work in a normal school classroom.

### ORTHOPAEDIC DEFECTS

As a result of the annual surveys, periodic medical inspection and reinspections arranged during the year the following children with faulty posture and defective feet were referred for remedial exercises.

	Breathing Exercises	Postural Exercises	Foot Exercises
Infant and Junior Schools	 27	7	151
Secondary Schools	 2	5	11
Avenue House Clinic	 2	_	20
	31	12	182

The exercises were given by third-year students of Chelsea College of Physical Education as far as availability of students permitted and I am most grateful to the Principal for this facility and to Miss A. E. Gregory who made the detailed arrangements with the schools concerned.

### OTHER DEFECTS

*Enuresis.* In the course of the year thirteen children have borrowed electric alarm pad units. Six children are now cured and one was unable to cope with the alarm device. Two improved.

Overweight. Forty-four overweight children were referred to the Slimming Clinic during the past year, where parents and children received help and encouragement from the School Nurse. The children are weighed and their eating habits discussed. Progress is supervised by the School Medical Officer. Eleven children referred in the previous year continued to attend.

This work is essentially a part of Health Education and it is hoped that the habit of sensible eating, formed by attendance at the clinic, will prevent these children with a tendency to become fat from growing into chronically overweight adults.

REPORT OF THE SPEECH THERAPIST (MRS. K. HANSFORD, L.C.S.T.)

Throughout the year clinic sessions were held at Avenue House and Acacia Villa; during school terms the following schools were visited weekly:

			Number	
School		Sessions	attending	attendances
Downs School .		32	8	160
Lindfield		68	21	377
Motcombe .		35	25	399
Hampden Park Infants	School	34	38	465
Bourne Infants School		35	16	247
Avenue House and Aca		189	34	442
		393	142	2,090
Total number of chil	ldren of so	chool age	e treated	
1 1000				142
Number of attendances				2,090
Number of children un		age treate		<b>-,</b> 070
1968		_	a during	32
Number of attendances			children	521
Number of cases of se				0-1
1 1	· · · ·			3
Attendances made .				70
Total number of new of				65
Total number of cases			the year	55
Total fidiliber of eases	discharged	••	• •	33
m	1 '' 1	, ,		
Type of defect treated in c	hildren of so	chool age		Cases
Dyslalia	• • • •	• •	• •	44
Cleft palate .				3
Stammer				9
Sigmatism				19
Delayed speech .				5
Other defects .				62
				<del></del>
				142
Type of defect treated in c.	hildren unde	er school d	age	Cases
Dyslalia				15
Cleft palate .				1
Stammer				3
Delayed speech .				7
Other defects .				6
				_
				32
				_

# 6. EASTBOURNE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

(a) CHILD GUIDANCE CLINIC					
Number of new cases referre	ed in 1968			65	
Number of cases re-referred				28	
Number of cases carried for	ward from	1067		_	93
			• •		11
Cases withdrawn before diag		erview	• •		11
Number of cases on waiting	iist	••	• •		6
Sources of referral					
School Medical Officers				43	
Schools				9	
Private doctors				15	
Parents				14	
Children's Officer	• •	••	• • •	7	
Educational Psychologist	• •	••	••	4	
Other sources	• •	••	• •	i	
Other sources	••	• •	• •		93
Transferred from Bexhill Cl	linic				2
Problems:					
Personality Disorder				14	
Nervous Disorder	••	••	• • •	14	
Habit Disorder	• •	••	• •	10	
Behaviour Disorder	••	• •	• •	51	
Advice for Placement		• •	• •	6	
Examination for Court	• •	• •	• •	3	
	• •	• •	• •	3	
Educational	• •	••	• •	3	
How dealt with:					
Psychiatric Treatment				34	
Periodic Supervision				11	
Advice				21	
Referred to Educational Psy	chologist			4	
Referred to Social Worker				12	
Awaiting Diagnostic Intervio	ew	• •		6	88
Summary of work carried out:					00
Psychiatrist					
				81	
Diagnostic Interviews	• •	• •	• •	471	
Treatment Interviews	••	• •	• •	4/1	
Psychologist					
Interviews for tests				47	
Interviews with parents				14	
School visits				10	
Home visit				1	

Social Worker (1.1.68-2.8.68)				
Interviews in Clinic			103	
Home and other visits			133	
Social Histories			36	
Analysis of Treatment Cases closed dur	ing the year	r		
(i.e. old and new cases seen by Psyc	chiatrist in	1968		
and previous years and discharg		1968		
according to the following categor	ries):			
Discharged—Improved			33	
Not improved			10	
After advice			9	
Transferred			9	
Unco-operative			15	
(b) School Psychological Service				
Number of new cases referred duri	ng 1968		69	
Number of cases re-referred during			20	
				89
Number of cases carried forward fi	om 1967			5 2
Number of cases moved from area				2
Number of cases not tested	• •			3
Number of cases on waiting list	• •			31
Sources of referral:				
			00	
School Medical Officers	• •	• •	23	
Schools	• •	• •	63	
Parents	• •	• •	2	
Chief Education Officer	• •	• •	1	89
Number of cases seen during 1968	• •		_	86
ŭ .				
How dealt with:				
Advice only				11
Placement in E.S.N. School recom	mended			14
Placement in J.T.C. recommended				2
Other placement recommended				10
Remedial teaching undertaken				3
Kept under observation	• •			15
Referred to Child Guidance Clinic	• •			3
Commence of another amical costs				
Summary of work carried out:				00
Interviews for tests	• •	• •		89
Interviews with parents	• •	• •		18
Remedial Teaching interviews	• •	• •		242
School visits	• •	• •		51
Home and other visits				26

#### 

### 7. HANDICAPPED CHILDREN

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year.

	In	In				
	Residential	Day	In	In	At	
	Special	Special	Ordinary	Hospital	Home	Total
	Schools	Schools	Schools	Schools		
Partially sighted	l 1	_	2	_	-	3
Blind	. 2	-	-	_	_	2
Partially Hearing	3	_	13	_	_	16
Deaf	5	-	_	-	-	5
Delicate	_	4	2	_	1	7
Physically						
Handicapped	3	8	2	3	1	17
Educationally						
Sub-normal	3	71	-	_	-	74
Epileptic	_	1	1	_	_	2
Maladjusted	_	2	_	_	_	2 5
Speech		5	-	-	-	5
•	—		_	_		
	17	*91	20	3	2	133
	_			_	_	

<sup>\*</sup>This total includes three children from other authorities

### **EPILEPTICS**

There are nine children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

CHILDREN FOUND TO BE UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education	
Act 1944	1
Number of children reviewed under the provisions of	
Section 57A of the Education Act 1944	_
Number of decisions cancelled under Section 57A (2) of	
the Education Act, 1944	_

### 8. SPECIAL TUITION

 $At\ Home.$  Tuition was given to one child suffering from psychiatric disorder.

In Hospital. Tuition was given to six children whilst they were in hospital.

### 9. DENTAL CLINIC

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER MR. M. G. BERRY, L.D.S., R.C.S.

### Sessions

The number of sessions devoted to inspection and treatment were:

The Principal School Dental Officer ... 402 School Dental Officer ... 432

Of these 46 sessions were devoted to inspections and 788 to treatment.

#### GENERAL SERVICES

At the 46 sessions devoted to Dental Inspections 5,629 children were seen in the following age groups:

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Number Inspected	80	421	477	415	507	487	515	509	539	531	570	370	100	74	25	9	5,629

Of these, 2,088 (37 per cent) were found to require treatment and 1,674 individual children actually received treatment during the year.

The following is a summary of the treatment given:

## Fillings:

Permanent teeth Temporary teeth				• •	2,163 101
					2,264
Number of teeth filled:					
Permanent teeth Temporary teeth	• •		• •		1,888 99 —— 1,987
Extractions:					
Permanent teeth Temporary teeth		••	• •		1,272 
Administration of Gene					854
Number of artificial der Number of children X-		nstructed	• •	٠.	10 182
Scaling and Gum treats					140

96

Teeth conserved by silver nitrate ...

During the year, routine dental inspections were carried out, on the school premises at all but three of the schools maintained by the Authority. The delay in respect of the three schools was due to dental staff illness, and it is hoped that inspections will be carried out at these schools early in 1969.

At these inspections 5,629 children were examined, of whom 2,088 were found to require treatment and 1,674 were actually treated These routine inspections occupied 46 sessions, and 788 sessions were devoted to treatment. The figure of 37 per cent referred for treatment compares very favourably with the national average and indicates the general satisfactory dental conditions of the children here.

The number of cases where extensive work is necessary is diminishing, although constant watch has to be kept, particularly on the older age groups, to diagnose and treat early interstitial caries.

2,163 fillings were inserted into permanent teeth and 101 in temporary teeth. Extractions totalled 1,712, of which 440 were permanent teeth. The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen with the additional use at times of either a Trilene or Halothane vapouriser. These general anaesthetics were administered on 853 occasions.

To replace the loss of permanent teeth, usually the upper front teeth damaged beyond repair in accidents, 10 artificial dentures were constructed. The department is equipped with its own X-ray apparatus, and radiological examinations were carried out on 182 children.

The orthodontic department, although under the Regional Hospital Board, continues to hold clinics at Avenue House, an arrangement that enables us to maintain a close liaison with the orthodontic consultant, Mr. D. G. F. Ardouin.

In the realm of Dental Health Education, we are greatly indebted to Miss M. G. Hemming, for her enthusiasm and hard work in organising the visit of Pierre the Clown to fourteen of our Infant and Junior schools. Pierre the Clown emphasises the importance of dental health by a well balanced mixture of humour and sound advice. He demonstrates with a piece of chocolate or licorice how sweets, cakes and similar foods cling to the teeth causing decay. He then shows how, by chewing a piece of raw apple, these food deposits are cleared away. The close and wrapt attention of all his audiences, made one feel that, particularly in the case of the younger age groups, this was an ideal method of encouraging a high degree of oral hygiene, and far more likely to be effective than a mere straight-forward and perhaps dull lecture.

#### 10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

Report of Senior Inspector S. J. Flory, N.S.P.C.C. of the East-bourne and Lewes District Branch for the year 1968.

During this period 52 new cases were investigated affecting the Welfare of 128 children and involving 71 offenders or persons advised.

## Classification of cases:

Comment of Comment			
Neglect		 	33
Assault or Ill-Treatment		 	8
Aid or advice sought		 	11
Cases reported by:			
General Public		 	26
Police	 	 	6
Other Officials	 	 	20

## Details of the children:

68 boys. 60 girls.

Thirty-six of the above being under the age of 5 years

Offenders or persons advised:

32 male, 39 female.

Cases dealt with:

Warned, 41. Advised, 11.

During the above period 552 supervisions were paid to cases under notice, and 345 miscellaneous visits of enquiry were also undertaken.

In closing my report I would like to thank all the Local Authorities and other voluntary organisations for their close co-operation in the field of Child Welfare.

#### 11. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 419 children attending Secondary Modern Schools who had had their final school medical examination and were fit for all types of employment. Form Y.9 was issued in respect of thirty-three children, indicating types of employment for which they were not suitable.

To comply with the Bye-Laws regulating the employment of children of school age, a medical certificate must be produced stating their employment will not be prejudicial to the child's health and development and will not render them unfit to benefit from the child's health and development and will not render them unfit to benefit from their education. 168 such certificates were completed and sent to the Youth Employment Officer.

#### 12. PROVISION OF CLOTHING

Education (Miscellaneous Provisions) Act 1948 Section 5 Various articles of clothing were supplied by the Education Authority to 115 children from 68 families.

#### 13. SCHOOL MEALS AND MILK

During this period the total number of meals served was 988,764, of which 103,563 were free meals.

During the year 1967 the total number of meals was 919,760, of which 48,920 were free.

\*The milk in schools scheme from September 1968, supplies free ½ pt. milk to children desirous of taking it, in the Junior and Infant Schools only. The table shows the percentage of children in this age group who took milk on one day in October last.

	PF	RIMARY	SCHOOL	LS		
		M	Milk			
A day in October	No. of Children in School	Free	Paid	Percentage taking Meals	Total taking Milk in Infant Sci	Percentage taking Milk and Junior
1969 1967	7,145 6,880	611 263	4,563 3,832	70.20 60.96	3,702* 5,266	90.20 76.03

<sup>\*</sup>Total number of children in Infant and Junior Schools, 3,910.

### 14. NOTIFICATION OF INFECTIOUS DISEASES

The following notifications of infectious disease in children of school age were received in the Department:

Scarlet Fever			 	 6
Measles			 	 65
Food Poisonin	g		 	 
Dysentery			 	 _
Tuberculosis (	Non-	Respiratory)	 	 _
Whooping Coi	ıgh		 	 1

#### 15. TUBERCULOSIS

No cases of respiratory tuberculosis were notified in children of school age during the year.

### B.C.G. VACCINATION AGAINST TUBERCULOSIS

For some years children known to be contacts of cases of tuberculosis have been offered this vaccine by the Chest Clinic as a routine preventive measure. Fifteen children of school age were thus vaccinated.

In addition B.C.G. vaccination has been offered to children of thirteen years attending both Local Authority and private schools, and to students attending colleges of further education.

Details of children and students taking advantage of the scheme are as follows:

		Skin Tested	Vaccinated
Children in School	 	554	538
Students	 	29	20

#### 16. VACCINATION AND IMMUNISATION

The Local Health Authority arranged for school children to receive vaccination and immunisation against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. Statistics relating to the protection of school age children are given in the relevant section of the Medical Officer of Health's Annual report.

#### 17. COLLEGES OF EDUCATION

The Department has been privileged to continue to assist with administrative medical problems as they arise in the Colleges.

In the past, valuable help has been given by staff and students of Chelsea College who have run remedial exercise classes for children needing help. Following changes in the curriculum, the number of students available for this work has dropped sharply, and this is reflected in a much reduced number of children who attend these exercise classes. We are also grateful for the help given by students and staff to the children attending our special schools, and at the handicapped children's swimming club held at Chelsea College Baths.

## 18. ANNUAL REPORT OF THE CHILD WELFARE CO-ORDINATING COMMITTEE, 1968

## Membership

The Committee's purpose is to co-ordinate the local social services for families with children. Those needing help are allocated to the most appropriate case worker to ensure personal interest and continuity of care, and a register of families with their case workers is maintained to facilitate channelling of information. Monthly case conferences are held, supplemented by individual case discussions when necessary. Field workers include the Children's Officer, Education Welfare Officer, Superintendent Health Visitor, Special Health Visitor, Housing Manager, N.S.P.C.C. Inspector, Probation Officers, Moral Welfare Worker, Social Worker from the Child Guidance Clinic and Mental Welfare Officer. These are joined by an Assistant Solicitor to the Town Clerk, Home Help Organiser and Representatives from the Ministry of Social Security, and the Borough Treasurer. The Deputy Medical Officer of Health has taken the chair at the monthly Committee Meetings.

## Allocation of Families

When a statutory service is supervising a family by Court Order the case worker is always chosen accordingly. In other cases the choice depends on the particular problems of the family and the ages of the children. The Officers of the Children's Department are responsible for about half of the families on the register, and for two-thirds of the families with severe problems which are so time-consuming to work with.

## Size of the Problem

The number of families on the register has remained at 80, 12 families having been added, but also 12 names deleted. I am sad to report that two families have broken up and the four children involved received into care. In one case the mother deserted the family and disappeared, and in the other she so badly neglected the children that they had to be taken into care for their own safety. Fifteen of the families are classified as severe problems having multiple problems requiring constant case work. Thirty-one families require less case work, and 32 are classified as "at risk", requiring supervision to help prevent them getting into difficulties.

#### Case Work

The saying "impossibilities are dealt with immediately, but miracles take a little longer' is appropriate for the case work undertaken. The "impossibilities" that the social workers have achieved are the tiding of a family over physical crises-mother seriously ill, father deserted, no food, fuel or bedding, in one case no furniture in the new house, and the most difficult of all—no roof over their heads. I cannot pay adequate tribute to the tireless devotion and long hours worked by the Field Workers helping families who have in most cases got into these difficulties "through their own silly fault". This brings me to the "miracles" referred to; the changing of feckless, self-centred immature parents into stable, caring people who are able to exercise some foresight for the problems of tomorrow. This takes time, it takes a special sort of caring and forgiving relationship, and it doesn't always happen. Eight of the families (10 per cent) are reported to have deteriorated during the year, without exception due to the personality defects of the parents. On the other hand, 24 families have improved during the year.

#### Problems Encountered

Thirty-two families were given notice to quit, but fortunately only two warrants for possession were actually executed. Two families still have serious accommodation problems, but ten have been rehoused, thanks to the sympathetic understanding of the Housing Committee and Housing Manager.

Twenty-seven of the families have only one parent present. The problems of unsupported mothers and their children are increasingly commanding our attention, and there is a need for some special housing accommodation to help the less stable (and usually more lonely). A special meeting was convened to discuss this matter during the year. Dr. Barnardo's Homes have pioneered the provision of accommodation for unmarried and unsupported mothers, and Miss Hodges, the Barnardo's Area Officer, gave the Committee the benefit of her experience of the working of their hostels. There is a lot to be said in favour of a voluntary body running such a hostel, in premises provided by the local Authority. The cost of purchase and adaptations of property in Eastbourne would be a crippling burden to voluntary

organisations, but they have more freedom (and time) to experiment with different ways of running it than have the paid officers of this Authority.

Eight of the families have had another baby during the year, and one termination of pregnancy was carried out. Six of these pregnancies are regarded as "mistakes", a figure of 7.5 per cent. However 26 of the families are now being helped by the domiciliary family planning scheme, and no pregnancies occurred among this group. I cannot overemphasise the importance of this work in helping parents with limited resources to cope with their children.

A lesson learned during the year was the hazard of bringing together too many problem families within one housing estate. A number of older type three-bedroom houses became vacant in one area due to the Council's policy of rehousing tenants of under-occupied houses. A number of families with social problems were moved in to take their place. This in itself was excellent, for it meant that the houses were used for the families that needed them most. The mistake was to bring together too great a concentration of these families, whose tendency to let standards of hygiene and tidiness slip, to indulge in pursuits of doubtful profitability and legality, and to exchange conjugal rights, not only caused the righteous indignation of the neighbourhood, but also led into temptation other less stable inhabitants of the area. In Royal Sussex Crescent alone, a road of 119 houses, 12 families on the register of the Co-Ordinating Committee were brought together, and this 10 per cent concentration was sufficient to provoke petitions to the Town Hall, and headlines in the local newspaper. It is interesting to see that the children have been absorbed better than their parents, and with one disastrous exception which required rehousing in a more tolerant area, complaints about children's behaviour have not increased. The local schools, however, already filled by the housing development in Old Town, became seriously over-full as a result of this unpredicted movement of large families. Five mobile classrooms have been erected to accommodate the extra children. The schools will share with the parents and the social workers the task of helping these children grow into good citizens.

## Special Measures

- 1. Material Aid. During the year £55 has been spent on seven families, a significant drop from last year's figure of £192. Grants are only made as part of an overall plan to rehabilitate the family, and without them a number of children might have had to be received into care.
- 2. Family Planning. The domiciliary family planning service now has 48 mothers on the roll, of whom 26 are on the Committee's register. This service is provided at the request of social workers, when there is a need for contraceptive advice, but the mother is unable or unwilling to attend the clinic at Avenue House. A grant of £250 was made to the local F.P.A. for this service by the Health Services Committee.

- 3. Weekly Rent Collection. This has been continued and expanded, and a total of 94 families have agreed arrangements for a weekly visit related to pay day.
- 4. Teaching Home Helps. Five families on the register were given general domestic help, and one family was given a teaching home help. Unfortunately the mother of the family deserted and the children had to be taken into care. The provision of a teaching help can be extremely useful, but the relationship between help and mother is always delicate, and teaching home helps have to be carefully selected.
- 5. Rehousing. Ten families have been rehoused by the Housing Department through the year. The provision of adequate accommodation is often the most important single step in rehabilitation, for it anchors a drifting family and gives it an incentive to build a home, thus providing the security the children need.

In conclusion I should like to thank all the members of the Co-Ordinating Committee for their friendly co-operation in this joint venture. Mrs. S. M. James, the Committee Secretary, retires in 1969 and takes with her our thanks for her help with the clerical work and our best wishes. Mrs. S. M. Hook has handed over as clerk-typist to Mrs. J. Rudman whom I have to thank for much patient work in preparing agendas, minutes and lists of families in need of help.

W. J. WIGFIELD, M.A., M.B., Ch.B., D.P.H.

Chairman.

# DEPARTMENT OF EDUCATION AND SCIENCE MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment. See Form 28M)

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1968

Local Education Authority: County Borough of Eastbourne

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1969.

(i) Form 7 Schools, 7,252; (ii) Form 7M, 101; (iii) Form 11 Schools, Nil. Total . . .

ΓΟΤΑL . 7,353

- Notes—1. Where selective medical examinations are being carried out enter in column below the number of pupils who have been "interviewed" or "discussed" at case conferences and found not to warrant a medical examination.
  - 2. Pupils found at Periodic Inspection to require treatment for a defect should not be excluded from columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.
  - 3. Columns (6), (7) and (8) relate to individual pupils and not to defects. Consequently, the total in column (8) will not necessarily be the same as the sum of columns (6) and (7).

#### Part I

## Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

	No. of Pupils		Physical Condition of Pupils Inspected		Pupils found to require trea ment (excluding dental diseas and infestation with vermi				
Age Groups Inspected (By year of Birth)	who have received a full medical	SATISFACTORY UNSATISFACTORY		For defective vision	For any other condition	Total individual			
Diriii)	examination	Number	Number	(excluding squint)	recorded at Part II	pupils			
(1)	(2)	(3)	(4)	(6)	(7)	(8)			
1964 and later	_	_	_	_		_			
1963	200	200	_	20	51	64			
1962	510	510	_	41	113	143			
1961	28	28	_	1	6	7			
1960	9	9 .	_	1	1	2			
1959	13	13	_		3	3			
1958	15	15	_	_	3	3			
1957	11	11	_	1	1	2			
1956	10	10	_	2	1	3			
1955	10	10	_	2	2	4			
1954	419	418	1	79	61	127			
1953 and earlier	141	141		22	20	35			
TOTAL	1,366	1,365	1	169	262	393			

Column (3) total as a percentage of Column (2) total: 99.93%

Column (4) total as a percentage of Column (2) total: 0.07% to two places of decimals

#### TABLE B—OTHER INSPECTIONS

Notes—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

		Total	 1,964
Number of Re-inspections	• •	• •	 1,697
Number of Special Inspections			 267

#### TABLE C-INFESTATION WITH VERMIN

- Notes—All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.
  - (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons . . 10,485
    - (b) Total number of individual pupils found to be infested 29
  - (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)

### Part II

## Defects found by Periodic and Special Medical Inspections during the Year

Note—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defeat				PERIC	DIC I	NSPECT	rions				CIAL CTIONS
Defect Code No.	Defect or Disease	Entr	ants	Leav	vers	Oth	ers	To	tal	INSPE	CHONS
(1)	(2)	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(O) (12)
4 5	Skin	17	20	24	2	3	~-	44	22	5	-
6	Eyes:	61 14 1	198 5 —	102 4 —	<u>21</u>	$\frac{6}{1}$	<del>7</del> —	169 18 2	226 5 —	6 -	1 3 15
	a. Hearing b. Otitis Media c. Other Nose and Throat	15  5 23	171 2 7 58	$\frac{1}{3}$	2 2 - 5	1 1	8 _ 1	16 1 6 26	181 4 7 64	$\frac{10}{\frac{2}{5}}$	 4 10 8
7 8 9 10 11	Speech Lymphatic Glands Heart Lungs	33 7 9 6	32 17 8 21	$\frac{1}{\frac{2}{12}}$	$\frac{1}{3}$	$\frac{-}{2}$		34 7 11 20	33 17 11 22	<u>-</u> - <u>3</u>	1 3
12	Developmental:  a. Hernia b. Other Orthopaedic:	1	5 14			=	3	1 2	5 19	=	
	a. Posture	1 46 6	10 38 5	4 9 3	10 1 —	<u>6</u>	3 -	5 61 9	23 42 5	17 2	
14	Nervous System:  a. Epilepsy b. Other Psychological:	1 2	2 32	2	=	=	1	3 3	33	3	
16	a. Development b. Stability	1 4 2 5	9 28 5		3	Ξ	1	1 4 3	12 31 5	6 26 16	4 17 7
17	Other	5	11	16	10	1	4	22	25	48	,

## Part III

## Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Notes—This part of the return should be used to give the total numbers of:

- (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

## TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	16 455
Total	471
Number of pupils for whom spectacles were prescribed	216

## Table B-Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:  (a) for diseases of the ear  (b) for adenoids and chronic tonsilitis  (c) for other nose and throat conditions	2 196 23 12
Total	233
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids:  (a) during the calendar year 1968 (see note	
below) (b) in previous years	20

A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

## TABLE C-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	30 12
Total	42

# Table D—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part 1)

			Number of pupils known to have been treated
Ringworm—(a)		 	 
(b) 1	Body	 	 1
Scabies		 	 
Impetigo		 	 27
Other skin diseas	es	 • •	 269
		TOTAL	 297

## TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated		
Pupils treated at Child Guidance clinics	 67		

## TABLE F—SPEECH THERAPY

	Number known to have
	been treated
Pupils treated by speech therapists	142

	Number known to have been treated
<ul><li>(a) Pupils with minor ailments</li><li>(b) Pupils who received convalescent treatment</li></ul>	236
under School Health Service arrangements	407
(c) Pupils who received B.C.G. vaccination (d) Other than (a), (b) and (c) above, please specify:	407
Breathing exercises in school	29
Breathing exercises in clinic	2
Foot exercises in school	162
Total (a)–(d)	836

	TOTAL (a)-(d)	836
	Screening Tests of Vision	AND HEARING
1. (a)	Is the vision of entrants tested as a routine within their first year at school?	Yes.
(b)	If not, at what age is the first routine test carried out)	_
2.	At what age(s) is vision testing repeated during a child's school life?	Annually $6-16\frac{1}{2}$ years.
3. (a)	Is colour vision testing under-taken?	Yes.
(b)	If so, at what age?	14 years.
(c)	Are both boys and girls tested?	Boys.
4. (a)	By whom is vision testing carried out?	School Nurses.
(b)	By whom is colour vision testing carried out?	School Medical Officers.
5. (a)	Is routine audiometric testing of entrants carried out within their first year at school?	Yes.
(b)	If not, at what age is the first routine audiometric test carried	

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School Nurses.

out?

(c) By whom is audiometric testing carried out?

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